

# N020000006319

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(Requestor's Name)

\_\_\_\_\_  
(Address)

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(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP    ☐ WAIT    ☐ MAIL

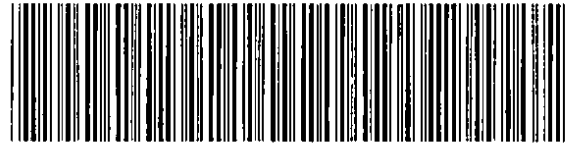
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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STATE  
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OFFICE



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

August 4, 2023

JOSEFINA CARRERAS  
PO BOX 45-1007  
MIAMI, FL 33245-1007

SUBJECT: SAN JOSE OBRERO FOUNDATION CORP.  
Ref. Number: N02000006319

We have received your document for SAN JOSE OBRERO FOUNDATION CORP. and your check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

Florida nonprofit corporations are required to have at least 3 directors or trustees. Please place the letter "D" or "T" beside the names and business addresses of each director or trustee.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Morgan E Lovett  
Regulatory Specialist II

Letter Number: 023A00017650

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NOTED

**COVER LETTER**

TO: Amendment Section  
Division of Corporations

NAME OF CORPORATION: SAN JOSE OBRERO FOUNDATION CORP

DOCUMENT NUMBER: NO2000006319

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

JOSEFINA CARRERAS

(Name of Contact Person)

SAN JOSE OBRERO FOUNDATION CORP

(Firm/ Company)

P.O.BOX 45-1007

(Address)

MIAMI, FL 33245-1007

(City/ State and Zip Code)

lancarr@yahoo.com

E-mail address: (to be used for future annual report notification;

For further information concerning this matter, please call:

JOSEFINA CARRERAS

(Name of Contact Person)

at 305

989-9144

(Area Code)

(Daytime Telephone Number)

Enclosed is a check for the following amount made payable to the Florida Department of State:

- |  |  |   |   |
|--|--|---|---|
| <input type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certified Copy<br>(Additional copy is<br>enclosed) | <input checked="" type="checkbox"/> \$52.50 Filing Fee<br>Certificate of Status<br>Certified Copy<br>(Additional Copy is<br>Enclosed) |
|--|--|---|---|

**Mailing Address**

Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address**

Amendment Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

RECEIVED  
DIVISION OF CORPORATIONS  
FLORIDA DEPARTMENT OF STATE  
AUG 24 11 20 15

Articles of Amendment  
to  
Articles of Incorporation  
of

SAN JOSE OBRERO FOUNDATION CORP

(Name of Corporation as currently filed with the Florida Dept. of State)

N02000006319

(Document Number of Corporation (if known))

Pursuant to the provisions of section 617.1006, Florida Statutes, this *Florida Not For Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

A. If amending name, enter the new name of the corporation:

*The new name must be distinguishable and contain the word "corporation" or "incorporated" or the abbreviation "Corp." or "Inc." "Company" or "Co." may not be used in the name.*

B. Enter new principal office address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

11890 SW 226 TERR

MIAMI, FL 33170

C. Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

P.O. BOX 45-1007

MIAMI, FL 33245-1007

D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:

Name of New Registered Agent:

N/A

New Registered Office Address:

(Florida street address)

City)

Florida

(Zip Code)

New Registered Agent's Signature, if changing Registered Agent:

*I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.*

Signature of New Registered Agent, if changing

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FILE

Removing the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example:

<input checked="" type="checkbox"/> Change	<u>PT</u>	<u>John Doe</u>
<input checked="" type="checkbox"/> Remove	<u>V</u>	<u>Mike Jones</u>
<input checked="" type="checkbox"/> Add	<u>SV</u>	<u>Sally Smith</u>

Type of Action (Check One)	Title	Name	Address
1) <input checked="" type="checkbox"/> Change ___ Add ___ Remove	<u>P-D</u>	<u>FATHER ALEJANDRO LOPEZ</u>	<u>41890 SW 226 TERR</u> <u>MIAMI, FL 33170</u>
2) ___ Change ___ Add	<u>V</u>	<u>BERTHA ORTEGA</u>	<u>1019 SW 24 ROAD</u> <u>MIAMI, FL 33129</u>
<input checked="" type="checkbox"/> Remove 3) ___ Change ___ Add <input checked="" type="checkbox"/> Remove	<u>S</u>	<u>BETTY ORTEGA</u>	<u>1019 SW 24 ROAD</u> <u>MIAMI, FL 33129</u>
4) ___ Change <input checked="" type="checkbox"/> Add ___ Remove	<u>V-D</u>	<u>ESTHER VINENT</u>	<u>1924 MONKS CT</u> <u>WEST PALM BEACH, FL 33415</u>
5) ___ Change <input checked="" type="checkbox"/> Add ___ Remove	<u>S</u>	<u>LILLIAM VALDES</u>	<u>3831 NW 12 STREET</u> <u>MIAMI, FL 33126</u>
6) ___ Change <input checked="" type="checkbox"/> Add ___ Remove	<u>V-D</u>	<u>MARIA ZORAIDA PEREZ</u>	<u>11890 SW 226 TERR</u> <u>MIAMI, FL 33170</u>

F. If amending or adding additional Articles, enter change(s) here:  
(attach additional sheets, if necessary). (Be specific)

N/A

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Lined area for text entry.

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The date of each amendment(s) adoption: N/A, if other than the date this document was signed.

Effective date if applicable: \_\_\_\_\_  
(no more than 90 days after amendment file date)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Adoption of Amendment(s) (CHECK ONE)

- ☐ The amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s) was/were sufficient for approval.

There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors.

Dated

6-15-2023

Signature

(By the chairman or vice chairman of the board, president or other officer-if directors have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)

JOSEFINA CARRERAS

(Typed or printed name of person signing)

TREASURER

(Title of person signing)

2023 JUN 24 PM 2:15  
SECRETARY  
TAMARA J. C. FL