

No 4000004460

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

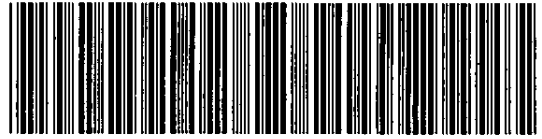
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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11/06/09--01019--007 **35.00

Amend

8

2009 NOV 23 PM 2:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

11/30/09



FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 10, 2009

GRACE SALAZAR
LUZ PARA LAS NACIONES COMMUNITY
1921 S.W. 9TH STREET
MIAMI, FL 33135

SUBJECT: LUZ PARA LAS NACIONES COMMUNITY DEVELOPMENT
CORPORATION
Ref. Number: N04000004460

We have received your document for LUZ PARA LAS NACIONES COMMUNITY DEVELOPMENT CORPORATION and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The date of adoption of each amendment must be included in the document.

Please check the appropriate box on the amendment form regarding the adoption of the amendment(s).

The document must be signed by the chairman, any vice chairman of the board of directors, its president, or another of its officers.

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) 245-6908.

Sylvia Gilbert
Regulatory Specialist II

Letter Number: 509A00035304

NOV 10 2009
18:00
RECEIVED
DIVISION OF CORPORATIONS
FLORIDA

2009 NOV
RECEIVED
TALLAHASSEE

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Luz Para Las Naciones Community Development Corp

DOCUMENT NUMBER: N04000004460

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

Please return all correspondence concerning this matter to the following:

Grace Salazar

(Name of Contact Person)

Luz Para Las Naciones Community Development Corp

(Firm/ Company)

1921 S.W. 9th St

(Address)

Miami, Florida 33135

(City/ State and Zip Code)

graceinmiami@yahoo.com

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

For further information concerning this matter, please call:

Grace Salazar

(Name of Contact Person)

at (305) 525-6622

(Area Code & Daytime Telephone Number)

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

☒ \$35 Filing Fee

☐ \$43.75 Filing Fee &
Certificate of Status

☐ \$43.75 Filing Fee &
Certified Copy
(Additional copy is
enclosed)

☐ \$52.50 Filing Fee
Certificate of Status
Certified Copy
(Additional Copy
is enclosed)

Mailing Address

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

Street Address

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Articles of Amendment
to
Articles of Incorporation
of

Luz Para Las Naciones Community Development Corp

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

N04000004460

(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)

C. Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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:

New Registered Office Address:

(Florida street address)

_____, Florida _____
(City) (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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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

(Attach additional sheets, if necessary)

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

[illegible]

(Attach additional sheets, if necessary)

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
<u>D</u>	<u>Lourdes Igaravidez</u>	<u>9300 Fontainebleau Blvd..</u>	<input checked="" type="checkbox"/> Add
		<u>Apt. 502</u>	<input type="checkbox"/> Remove
		<u>Miami, Florida 33172</u>	
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

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

[illegible]

The date of each amendment(s) adoption: Nov. 2, 2009
(date of adoption is required)

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

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 Nov. 18, 2009

Signature Grace Salazar
(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)

Grace Salazar
(Typed or printed name of person signing)

President
(Title of person signing)