N04000004780

| (Re | questor's Name) | <u>.</u> |
|-------------------------|-------------------|-----------|
| . (Ad | dress) | |
| (Ad | dress) | |
| (Cit | y/State/Zip/Phone | e #) |
| PICK-UP | WAIT | MAIL |
| (Bu | siness Entity Nan | ne) |
| (Do | cument Number) | |
| Certified Copies | _ Certificates | of Status |
| Special Instructions to | Filing Officer: | |
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Office Use Only



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SECRETARY OF STATE

MALLAHASSEF, FLORBIOLE

MALLAHASSE

COVER LETTER

TO: Amendment Section Division of Corporations

| NAME OF CORPORATION: Latin Bus | siness Association, Inc. | |
|--|--|--|
| DOCUMENT NUMBER: N04000047 | 780 | |
| The enclosed Articles of Amendment and fee | are submitted for filing. | |
| Please return all correspondence concerning to | his matter to the following: | |
| Alina C. Delgado | | |
| (Name of | Contact Person) | |
| Latin Business Association | | |
| (Firm | n/ Company) | |
| 3214 SW 175 Avenue | Address) | |
| (7 | ruu ess) | |
| Miami, Florida 33029 | | |
| (City/ Star | te and Zip Code) | |
| For further information concerning this matter | r, please call: | |
| Alina C. Delgado | at (305) 613-1777 | |
| (Name of Contact Person) | (Area Code & Daytime Telephone Number) | |
| Enclosed is a check for the following amount: | | |
| ☐ \$35 Filing Fee | □\$43.75 Filing Fee & □\$52.50 Filing Fee Certified Copy (Additional copy is enclosed) □\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed) | |
| Mailing Address | Street Address | |
| Amendment Section | Amendment Section | |
| Division of Corporations | Division of Corporations | |
| P.O. Box 6327 | Clifton Building | |
| Tallahassee, FL 32314 | 2661 Executive Center Circle | |

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

| | da Dept. of State) |
|---|---|
| N0400004780 | |
| (Document number of corporation (if known | nwo) |
| Pursuant to the provisions of section 617.1006, Florida Statutes, <i>Corporation</i> adopts the following amendment(s) to its Articles of | - |
| NEW CORPORATE NAME (if changing): | |
| Latin American Business Association, Inc. | |
| (must contain the word "corporation," "incorporated," or the abbreviation "colanguage; "Company" or "Co." may <u>not</u> be used in the name of a not for pro | |
| AMENDMENTS ADOPTED- (OTHER THAN NAME CHAN Number(s) and/or Article Title(s) being amended, added or dele | • |
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| | SECH SECH SECH SECH SECH SECH SECH SECH |
| | OB JAN 2 SECRETA FAULAHA |
| | 08 JAN 22 SECRETARY |
| | 08 JAN 22 AM IC SECRETARY OF FALL AHASSEE, FI |
| | OB JAN 22 AM 10: 0: SECRETARY OF STATE OR TALL AHASSEE. FLORE |
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| | |
| | |

(Attach additional pages if necessary) (continued)

| The date of adoption of the amendment(s) was: January 17, 2008 |
|---|
| Effective date if applicable: January 17, 2008 |
| (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 was sufficient for approval. |
| There are no members or members entitled to vote on the amendment. The amendment(s) was (were) adopted by the board of directors. |
| 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.) |
| Alina C. Delgado |
| (Typed or printed name of person signing) |
| Officer, Director |
| (Title of person signing) |

FILING FEE: \$35