N0400000276

| (Requestor's Name) | | | | |
|---|------|--|--|--|
| (Address) | | | | |
| (Address) | | | | |
| (City/State/Zip/Phone #) | | | | |
| PICK-UP WAIT ! | MAIL | | | |
| (Business Entity Name) | | | | |
| (Document Number) | | | | |
| Certified Copies Certificates of Status | | | | |
| Special Instructions to Filing Officer: | | | | |
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Office Use Only



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COVER LETTER

TO: Amendment Section Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

| NAME OF CORPORATION: <u>METSEMANI NEW CORINTHIAN</u> , FI |
|---|
| DOCUMENT NUMBER: <u>H040002177153</u> |
| The enclosed Articles of Amendment and fee are submitted for filing. |
| Please return all correspondence concerning this matter to the following: |
| (Name of Contact Person) |
| (Firm/ Company) |
| 8370 Sw. 27 teppe (Address) |
| Mani State and Zip Code) |
| For further information concerning this matter, please call: |
| (Name of Contact Person) at (305) 323-2270 (Area Code & Daytime Telephone Number) |
| Enclosed is a check for the following amount: |
| \$35 Filing Fee \$43.75 Filing Fee & |
| Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of Corporations |

409 E. Gaines Street

Tallahassee, FL 32399

| | Articles of incorporation of |
|---|--|
| | SETSEMANI New Opernthian Inc. (Name of corporation as currently filed with the Florida Dept. of State) |
| | (1 mails of corporation as carronaly into vital and i lotter popular |
| | H040002177153 |
| | (Document number of corporation (if known) |
| | ursuant 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: |
| N | IEW CORPORATE NAME (if changing): |
| | ASS 25 |
| | nust contain the word "corporation," "incorporated," or the abbreviation "corp." or "inc." or words of like import in |
| | inguage; "Company" or "Co." may <u>not</u> be used in the name of a not for profit corporation) |
| | MENDMENTS ADOPTED- (OTHER THAN NAME CHANGE) Indicate Article fumber(s) and/or Article Title(s) being amended, added or deleted: (BE SPECIFIC) |
| | Auticles 5 Alliners Board or Duck |
| | The state of the s |
| _ | alla Demande Mireator. |
| | and alipandez. Maletor. |
| _ | |
| _ | Phristine Hernander Cleretor 8370 S.W. 27 terr |
| | 8370 S.W. 27 tear |
| | MiAmi Fla. 33155 |
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Articles of Amendment

| The date of adoption of the amendment(s) was: July 20/2005 Effective date if applicable: (no more than 90 days after amendment file date) | | | | |
|--|---|--|--|--|
| | | | | |
| ☐ The amendment(s) was (v for the amendment was su | vere) adopted by the members and the number of votes cast afficient for approval. | | | |
| | members entitled to vote on the amendment. The adopted by the board of directors. | | | |
| Signed this 20 | day of July , 2005. | | | |
| Signature(By the chairman or vice | chairman of the board, president or other officer- if directors | | | |
| | by an incorporator- if in the hands of a receiver, trustee, or duciary, by that fiduciary.) | | | |
| Alba | HERNANDEZ printed name of person signing) | | | |
| (Typed of | Decelor | | | |

FILING FEE: \$35