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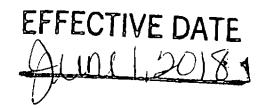
COVERLETTER

TO: Amendment Section Division of Corporations

NAME: OF CORPORATIO	Park Place Latin Club)			
;	N05000006974				
DOCUMENT NUMBER: _					
The enclosed Articles of Ami	endment and fee are subn	nitted for filing.			
Please return all corresponde	nce concerning this matter	r to the following:			
Bernice Chaves					
		(Name of Contact Per	son J		•
N/A					
		(Firm/ Company)			
1200 Saint Charles Pl Apt 40	03				
		(Address)	<u> </u>		
Pembroke Pines, Fl 33026					
		(City/ State and Zip Co	ode)		
bernicechaves/dj.comeast.net					
	-mail address: (to be used	for future annual repo	rt notification	1)	
For further information conc	erning this matter, please (rall:			
Bernice Chaves		at	786	5464545	
(Name of Contact Person	1	Area Code)	(Daytime Teleph	ione Number)
Enclosed is a check for the fo	ollowing amount made pag	vable to the Florida De	partment of	State:	
□ \$35 Filling Fee	☐\$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	Certit Certit	0 Filing Fee leate of Status led Copy tional Copy is used)	
<u>Mailing A</u> Amendmei		·	et Address indment Sect	ion	

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of



Park Place Latin Club 1 NC

(Name of Corporation as curr	rently filed with the Florida Dept	<u>. of State</u>)
N05000006974		
(Document Nu	mber of Corporation (if known)	
Pursuant to the provisions of section 617,1006, Florida Statamendment(s) to its Articles of Incorporation:	tutes, this Florida Not For Profit C	Corporation adopts the following
A. If amending name, enter the new name of the corpor	ration:	
N/A		The new
name must be distinguishable and contain the word "corpo "Company" or "Co," may not be used in the name.	oration" or "incorporated" or the	abbreviation "Corp." or "Inc."
B. Enter new principal office address, if applicable:	N/A	75.5
(Principal office address <u>MUST BE A STREET ADDRES</u>	<u>SS</u>)	LEC M
		<u> </u>
C. Enter new mailing address, if applicable:	Bernice Chaves	ng 📆
(Mailing address <u>MAY BE A POST OFFICE BOX</u>)		ું જું જ
	1200 Saint Charles Pl Apt 403	725 5
	Pembroke Pines, FI 33026	J>
D. If amending the registered agent and/or registered o	office address in Florida, enter th	a uama of the
new registered agent and/or the new registered offic		<u>Chame of the</u>
<u>Name of New Registered Agent.</u> Bernic	ce Chaves	
	Saint Charles Pl Apt 403	
	(Florida stree	t addrewi
New Registered Office Address:		
Pembr	roke Pines	, Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if changing Register I hereby accept the appointment as registered agent. I am		gations of the position.
	Domina E	havel
	Signature of New Registered Age	ent, if changing

If amending 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: X Change X Remove X Add	<u>v</u> <u>M</u>	hn Doe ike Jones dly Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change	P	Alejandrina Chacon	1100 Saint Charles Pl Apt 309
Add			Pembroke Pines, FI 33026
X Remove			
2) Change	Т	Lourdes Hartman	F100 Saint Charles Pl Apt 308
Add			Pembroke Pines, Fl 33026
X Remove 3) Change	ŀ	Maria S. Dominguez	1200 Saint Charles Pl Apt 406
X Add		·	Pembroke Pines, Fl 33026
Remove			
4) Change	Т	Alfredo Anzules	1100 Saint Charles Pl Apt 412
X Add			Pembroke Pines, Fl 33026
Remove			
5) Change	D	Ruby Villegas	1000 Saint Charles Pl Apt 416
X Add			Pembroke Pines, Fl 33026
Remove			
6) Change	S	Bernice Chaves	1200 Saint Charles Pl Apt 403
Add			Pembroke Pines, Fl 33026
Remove			

E. If amending or adding additional Articles, enter change(s) here:	
(attach additional sheets, if necessary). (Be specific)	
N/A	
	-
	 ,
	 <u> </u>
	 · · · · · · · · ·

The	date of each amendment(s) adoption:	other than the
late	this document was signed.	
	06/01/2018	
.116	ctive date <u>if applicable</u> : (no more than 90 days after amendment file date)	7,000
	e: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be list insert's effective date on the Department of State's records.	sted as the
Vdc	ption of Amendment(s) (<u>CHECK ONE</u>)	
	The amendment(s) was/were adopted by the members and the number of votes east 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 $\frac{05/15/2018}{OO_{2}} = 0.5 $	
	Signature Han May Has (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)	
	Alejandrina Chacon	
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	