

N05000008473

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

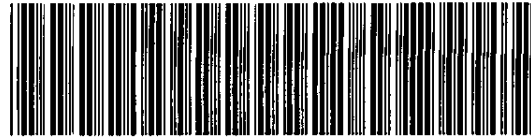
(Document Number)

Certified Copies _____

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2011 JUL 25 AM 8:24
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Amend

TBrawn 7-26-11

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: LUGIA HIDES DE DON CARLOS DO LA TORRE Y HUERTA #353

DOCUMENT NUMBER: NO 500000 8473

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

Please return all correspondence concerning this matter to the following:

Ruben F AVILA JR

(Name of Contact Person)

(Firm/ Company)

921 SW 27 AVE # suite 2-c

(Address)

MIAMI FL 33135

(City/ State and Zip Code)

RAVILA JR 99 @ MSN.COM

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

For further information concerning this matter, please call:

Ruben F AVILA JR

(Name of Contact Person)

at (305) 720 8046

(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

LOGIA HITOS DE DON CARLOS DE LA TORRE Y FUORTA
(Name of Corporation as currently filed with the Florida Dept. of State) No. 353, INC.
N05000008473

(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:

Ruben F AVILA JR

New Registered Office Address:

921 SW 27 AVE # 2-C

(Florida street address)

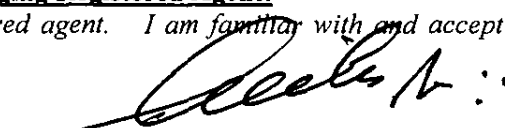
MIAMI

(City)

Florida 33135
(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

(Attach additional sheets, if necessary)

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
<u>P.D</u>	<u>WENESSIO M VELAZQUEZ</u>	<u>1701 NW 17 AVE</u> <u>MIAMI FL 33125</u>	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
<u>T.D</u>	<u>ROBERT AVILA JR</u>	<u>1701 NW 17 AVE</u> <u>MIAMI FL 33125</u>	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

(attach additional sheets, if necessary). (Be specific)

[illegible]

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)

<u>Title</u>	<u>Name</u> M	<u>Address</u>	<u>Type of Action</u>
PD	CAMERLO EDUARDO	1701 NW 17 AVE MIA FL 33125	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
TD	PLACEROS ISABEL	1701 NW 17 AVE MIA FL 33125	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

The date of each amendment(s) adoption: 7/8/11
(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 7/8/11

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)

DR JOSE M MARTIN PL.
(Typed or printed name of person signing)

SECRETARY & DIRECTOR
(Title of person signing)