

N06 000010506

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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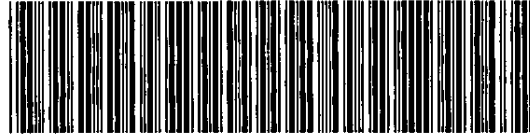
(Business Entity Name)

(Document Number)

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**COVER LETTER**

TO: Amendment Section  
Division of Corporations

NAME OF CORPORATION: SUEÑOS SIN FRONTERAS/DREAMS WITHOUT BORDERS

DOCUMENT NUMBER: NO 6000010506

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

Please return all correspondence concerning this matter to the following:

NANCY PULECIO

(Name of Contact Person)

SUEÑOS SIN FRONTERAS/DREAMS WITHOUT BORDERS

(Firm/ Company)

652 N.E. 77TH ST.

(Address)

MIAMI, FL 33138

(City/ State and Zip Code)

NPULECIOVELEZ@GMAIL.COM

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

For further information concerning this matter, please call:

NANCY PULECIO

(Name of Contact Person)

at 312 933-7001

(Area Code) (Daytime Telephone Number)

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

- |   |  |   |  |
|---|--|---|--|
| <input checked="" type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certified Copy<br>(Additional copy is<br>enclosed) | <input type="checkbox"/> \$52.50 Filing Fee<br>Certificate of Status<br>Certified Copy<br>(Additional Copy is<br>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

SUEÑOS SIN FRONTERAS/ DREAMS WITHOUT BORDERS

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

NO 60000 10506

(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:

NANCY PULECIO

652 N.E. 77th ST.

(Florida street address)

New Registered Office Address:

MIAMI

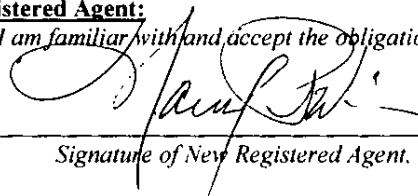
(City)

Florida 33138

(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

**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:

<input checked="" type="checkbox"/> Change	<u>PT</u>	<u>John Doe</u>
<input checked="" type="checkbox"/> Remove	<u>V</u>	<u>Mike Jones</u>
<input checked="" type="checkbox"/> Add	<u>SV</u>	<u>Sally Smith</u>

<u>Type of Action</u> (Check One)	<u>Title</u>	<u>Name</u>	<u>Address</u>
1) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	<u>P</u>	<u>NANCY PULECIO</u>	<u>652 N.E. 77th ST.</u> <u>MIAMI, FL 33138</u>
2) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>V</u>	<u>OLGA ORTIZ MERA</u>	<u>3650 N.W. 82ND AVE.</u> <u>STE. 504</u> <u>MIAMI, FL 33166</u>
3) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	<u>T</u>	<u>PATRICIA PEREZ</u>	<u>3650 N.W. 82ND AVE.</u> <u>STE. 504</u> <u>MIAMI, FL 33166</u>
4) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	<u>          </u>	<u>                                  </u>	<u>                                  </u> <u>                                  </u> <u>                                  </u>
5) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	<u>          </u>	<u>                                  </u>	<u>                                  </u> <u>                                  </u> <u>                                  </u>
6) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	<u>          </u>	<u>                                  </u>	<u>                                  </u> <u>                                  </u> <u>                                  </u>

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

MY NAME IS NANCY PULEIO, IN 2006 I  
FOUNDED SUEÑOS SIN FRONTERAS, PRIVATE  
FOUNDATION, INC. AS IT APPEARS IN:  
SUNBIZ.ORG. IN 2009 I WAS APPOINTED CONSUL  
GENERAL OF COLOMBIA IN THE CITY OF CHICAGO.  
BECAUSE OF A POSSIBLE CONFLICT OF INTEREST,  
I ASKED TWO FRIENDS OF MINE TO ASSUME  
OFFICER AND DIRECTOR OF THE ORGANIZATION  
WHILE I WAS AT THE CONSULATE, THE  
REINSTATEMENT WAS MADE OCT. 18/2010.  
WE DECIDED ON SUEÑOS SIN FRONTERAS / DREAMS  
WITHOUT BORDERS, PATRICIA PEREZ BECAME AS  
PRESIDENT AND TREASURER AND OLGA ORTIZ MERA  
BECAME AS VICE-PRESIDENT. AFTER I LEFT THE  
CONSULATE IN 2011, WE CONTINUE TO WORK THE THREE  
OF US FOR THE ORGANIZATION, BUT HAVE NOT  
REINCORPORATED MYSELF AS PRESIDENT; THIS  
IS THE REASON FOR THIS AMENDMENT WHEREBY  
PATRICIA PEREZ WILL CONTINUE AS TREASURER  
AND OLGA ORTIZ MERA AS VICE-PRESIDENT, BOTH  
UNDER THE SAME LOCATION.

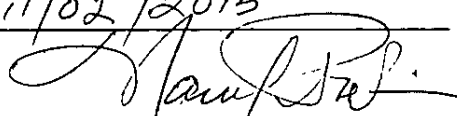
The date of each amendment(s) adoption: 10/18/2010, if other than the date this document was signed.

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

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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 11/02/2015  
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)

NANCY PULECIO

(Typed or printed name of person signing)

FOUNDER AND PRESIDENT

(Title of person signing)