

NO 000010506

(Requestor's Name)

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(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

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15 DEC -7 AM 10:22
SECRETARY OF STATE
TALLAHASSEE FLORIDA

And

DEC 09 2015



FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 23, 2015

PATRICIA PEREZ
3650 NW 82 AVE PH 504
MIAMI, FL 33166

SUBJECT: SUENOS SIN FRONTERAS / DREAMS WITHOUT BORDERS, INC.
Ref. Number: N06000010506

We have received your document for SUENOS SIN FRONTERAS / DREAMS WITHOUT BORDERS, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

OK Please check the appropriate box on the amendment form regarding the adoption of the amendment(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Rebekah White
Regulatory Specialist II

Letter Number: 115A00024703

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COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Sueños Sin Fronteras / Dreams without borders

DOCUMENT NUMBER: NO6000010506

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

Please return all correspondence concerning this matter to the following:

Patricia Perez

(Name of Contact Person)

Sueños Sin Fronteras / Dreams without borders

(Firm/ Company)

3650 NW 82 Ave PH 504

(Address)

Miami, FL 33166

(City/ State and Zip Code)

miami@americaninsurancebrokers.com

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

For further information concerning this matter, please call:

Patricia Perez

(Name of Contact Person)

at

954-683-0257

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

FILED

15 DEC -7 AM 10: 22

Suenas Sin Fronteras / Dreams without borders
(Name of Corporation as currently filed with the Florida Dept. of State)

NO6000010506

(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:

Patricia Perez

3650 NW 82 Ave PH 504

(Florida street address)

New Registered Office Address:

Miami, FL.

(City)

Florida 33166

(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 type="checkbox"/> Change <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove	<u>P</u>	<u>Nancy Pulejo</u>	<u>652 NE 77th. St.</u> <u>Miami, FL 33138</u>
2) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	<u>P</u>	<u>Patricia Perez</u>	<u>3650 NW 82 Ave PH504</u> <u>Miami, FL 33166</u>
3) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	_____	_____	_____ _____ _____
4) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	_____	_____	_____ _____ _____
5) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	_____	_____	_____ _____ _____
6) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	_____	_____	_____ _____ _____

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

Our VP and myself will want the corporation structure to remain as it was when we reinstated and pay the fees on document filed on October 18, 2010.

at this time we continue to work actively on the organizations main objective.

Thank you for your assistance reinstating the structure in place since October 2010.

I've attached copy of document filed Oct 18, 2010 referred on above.

~~RECEIVED~~

The date of each amendment(s) adoption: Nov 2, 2015, 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 Nov 11, 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)

Patricia Perez
(Typed or printed name of person signing)

President.
(Title of person signing)

2010 NOT-FOR-PROFIT CORPORATION REINSTATEMENT**FILED**
Oct 18, 2010
Secretary of State**DOCUMENT#** N06000010506**Entity Name:** SUENOS SIN FRONTERAS PRIVATE FOUNDATION, INC.**Current Principal Place of Business:**6039 COLLINS AVE., SUITE 1734
MIAMI BCH, FL 33140**New Principal Place of Business:**3650 NW.82ND AVE
SUITE # 504
MIAMI, FL 33166**Current Mailing Address:**6039 COLLINS AVE., SUITE 1734
MIAMI BCH, FL 33140**New Mailing Address:**3650 NW.82ND AVE
SUITE # 504
MIAMI, FL 33166**FEI Number:** 20-5678624**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**PULECIO, NANCY
6039 COLLINS AVE., SUITE 1734
MIAMI BCH, FL 33140 US**Name and Address of New Registered Agent:**PEREZ, PATRICIA
3650 NW.82ND AVE
SUITE # 504
MIAMI, FL 33166 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: PATRICIA PEREZ

10/18/2010

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:**Title:** PD
Name: PEREZ, PATRICIA]
Address: 3650 NW.82ND AVE ST# 504
City-St-Zip: MIAMI, FL 33166**Title:** VD
Name: ORTIZ-MERA, OLGA
Address: 3650 NW.82ND AVE ST# 504
City-St-Zip: MIAMI, FL 33166**Title:** TD
Name: PEREZ, PATRICIA
Address: 3650 NW.82ND AVE ST# 504
City-St-Zip: MIAMI, FL 33166**Title:** MRS
Name: ORTIZ-MERA, OLGA
Address: 3650 NW.82ND AVE ST# 504
City-St-Zip: MIAMI, FL 33166**Title:** MRS
Name: PEREZ, PATRICIA
Address: 3650 NW.82ND AVE ST# 504
City-St-Zip: MIAMI, FL 33166**Title:** MRS
Name: ORTIZ-MERA, OLGA
Address: 3650 NW.82ND AVE ST# 504
City-St-Zip: MIAMI, FL 33166

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: PATRICIA PEREZ

PRES

10/18/2010

Electronic Signature of Signing Officer or Director

Date