## Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number

: (850)617-6380

From:

Account Name

: BARINAS & ASSOCIATES INC.

Account Number : 120000000082 Phone

: (305)871-0889

Fax Number

: (305)870-9623

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email	AddIess:				

## COR AMND/RESTATE/CORRECT OR O/D RESIGN

CIRCULO DE LECTORES INFANTIL SAN VICENTE DEL CAGUAN

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\$43.75

Electronic Filing Menu

Corporate Filing Menu

## Articles of Amendment Articles of Incorporation of

	<b>61</b>		
	il San Vicente Del Caguan Colo		
(Name of Corporation as cur	rrently filed with the Florida Dept. of Sta	<u>te</u> )	
	8000000190	<u></u>	
(Document N	umber of Corporation (if known)		
Pursuant to the provisions of section 617.100 the following amendment(s) to its Articles of		rofit Corporation adop	rts
A. If amending name, enter the new name	of the corporation:		
		· •	
The new name must be distinguishable and abbreviation "Corp." or "Inc." "Company"	contain the word "corporation" or "inco" or "Co." may not be used in the name.	prporated" on the SAH	19:AUG
B. Enter new principal office address, if a		<del></del>	30 F
(Principal office address MUST BE A STRI	<u></u>		P (7
		FLC	* C
C. Enter new mailing address, if applicate (Mailing address MAY BE A POST OF)	ole: FICE BOX)	<u>~50</u> c	<b>)</b> .
	****		
		<del></del>	
D. If amending the registered agent and/o	or registered office address in Florida, eag	ter the name of the	
new registered agent and/or the new re	gistered office address;		
Name of New Registered Agent:		<u></u>	
New Registered Office Address:	(Florida street address)	—	
		, Florida	
	(City)	(Zip Code)	
New Registered Agent's Signature, if chan I hereby accept the appointment as registe position.	nging Registered Agent: ared agent. I am familiar with and accep	ot the obligations of	the
•			•
-	Signature of New Registered Agent, if cha	anging	
	- · · · · ·	-	

If amendir	ig the Officers and/or Directors, ente	r the title and name of eac	h officer/director being
	nd title, name, and address of each ( ditional sheets, if necessary)	Vilicer and/or Director Dein	g added:
Title	Name	Address	Type of Action
		-	☐ Remove
			□ Add
			——————————————————————————————————————
			<del> </del>
E. Ifamen	ding or adding additional Articles, e	nter change(s) here:	
	dditional sheets, if necessary). (Be s		
ADDING:			
ARTICLE	VIII: Dissolution Clause		
Upon the	dissolution of this organization,	assets shall be distribut	ed for one or more
exempt p	ourposes within the meaning of s	section 501(c)(3) of the I	nternal Revenue Code,
	ponding section of any future fee		
	overnment, or to a state or local		
icuerai gi	overtiment, or to a state of local	government, for a public	purpose.
			·····
			· · · · · · · · · · · · · · · · · · ·
***			
<u></u>		(	

The date of each amendment(s) adoption: August 01, 2010				
•	(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 was/were sufficient for approval.	by the members and the number of votes cast for the amendment(s)			
There are no members or members e adopted by the board of directors.	entitled to vote on the amendment(s). The amendment(s) was/were			
Dated_08/01/10				
Signature Ruin	M. Emy			
(By the chairs have not been	man or vice chairman of the board, president or other officer-if directors a selected, by an incorporator – if in the hands of a receiver, trustee, or oppointed fiduciary by that fiduciary)			
	RUTH M GONZALEZ			
	(Typed or printed name of person signing)			
	DIRECTOR			
	(Title of person signing)			

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