

ND80000002055

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

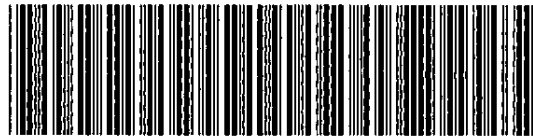
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



900121065239

04/15/08--01007--003 \*\*43.75

FILED  
08 APR 15 PM 12:39  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Name  
change

SP 4/18

Called -  
Gave auth to  
add suffix to  
ED + new names.  
(38)

**COVER LETTER**

**TO: Amendment Section  
Division of Corporations**

**NAME OF CORPORATION:** FUNDACION De Descapacitados  
NICARAGUENSE

**DOCUMENT NUMBER:** NO8000002055

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

Please return all correspondence concerning this matter to the following:

SILVIO D. MORRAZ  
(Name of Contact Person)

FUNDACION de Descapacitados NICARAGUENSE  
(Firm/ Company)

25572 S.W. 122 CT  
(Address)

Homestead Fla. 33032  
(City/ State and Zip Code)

For further information concerning this matter, please call:

Lilia MORRAZ at (305) 303-1110  
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- ☐ \$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

FUNDACION De Descapacitados NICARAGUENSE  
(Name of corporation as currently filed with the Florida Dept. of State) CORPORATION

NO 000002055

(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:

**NEW CORPORATE NAME (if changing):**

FUNDACION de DISCAPACITADOS

(must contain the word "corporation," "incorporated," or the abbreviation "corp." or "inc." or words of like import in language; "Company" or "Co." may not be used in the name of a not for profit corporation)

NICARAGUENSES  
CORPORATION

**AMENDMENTS ADOPTED- (OTHER THAN NAME CHANGE)** Indicate Article  
Number(s) and/or Article Title(s) being amended, added or deleted: **(BE SPECIFIC)**

please delete FUNDACION De Descapacitados NICARAGUENSE

correct name is as follows:

FUNDACION De DISCAPACITADOS

NICARAGUENSES CORPORATION

FILED  
08 APR 15 PM 12:39  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

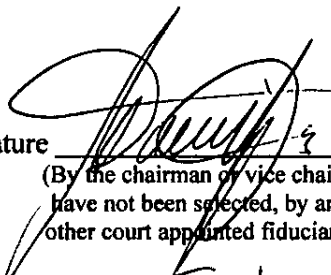
(Attach additional pages if necessary)  
(continued)

The date of adoption of the amendment(s) was: 4/08/2008  
Effective date if applicable: 4/8/08  
(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 was sufficient for approval.
- ☐ There are no members or members entitled to vote on the amendment. The amendment(s) was (were) adopted by the board of directors.

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.)

SILVIO D. MORRAZ Sr.

(Typed or printed name of person signing)

President

(Title of person signing)

**FILING FEE: \$35**