

08/03/2030

08:57

75463 R 001/005

https://efile.sumbiz.org/scripts/efilecovr.exe

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H12000232550 3)))



H120002325503ABCU

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850) 617-6380

From:

Account Name : LAZARUS CORPORATE FILING SERVICE,
Account Number : I20000000019
Phone : (305) 552-5973
Fax Number : (305) 220-1440

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2012 SEP 21 AM 10:45

FILED

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

Email Address: _____

**COR AMND/RESTATE/CORRECT OR O/D RESIGN
CUBAN-AMERICAN SOCIAL CLUB, INC.**

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$35.00

RECEIVED

12 SEP 21 AM 8:08

SECRETARY OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

Amend
9-24-12

Electronic Filing Menu

Corporate Filing Menu

Help

H 12000232550

Articles of Amendment
to
Articles of Incorporation
of

CUBAN-AMERICAN SOCIAL CLUB, INC.

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

N 080000006826

(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)

1615 SW 85T
Miami Florida 33135

C. Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

1615 SW 85T
Miami Florida 33135

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:

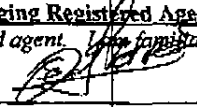
Osmel Torrez
1710 SW 3144 Miami FL 33145
(Florida street address)

New Registered Office Address:

Miami, Florida FL 33145
(City) (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

H 12000232550

FILED
2012 SEP 21 AM 10:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

H12000232550

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

Type of Action (Check One)	Title	Name	Address
1) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	PT	Osmael Torres	1710 SW 31st Miami FL 33145
2) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	SEC	Daniela Fernandez	1710 SW 31st Miami FL 33145
3) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	VP	Luisa Schevachina	1710 SW 31st Miami FL 33145
4) <input type="checkbox"/> Change <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove		Pedro Toledo	
5) <input type="checkbox"/> Change <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove		Edwardo Diaz	
6) <input type="checkbox"/> Change <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove		Roberto Valdes	

H12000232550

H12000232550

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

DELETE: JUAN J GARCIA

H12000232550

H 1 2 0 0 0 2 3 2 5 5 0

The date of each amendment(s) adoption: 9-21-12

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 9-21-12

Signature [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)

OSMEL TORREZ

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)

H 1 2 0 0 0 2 3 2 5 5 0