N08000011074

(Requestor's Name)
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(Address)
(City/State/Zip/Phone #)
,
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(Business Entry Name)
(Document Number)
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SECRETARY OF STATE SECRETARY OF CORPORATIONS DIVISION OF CORPORATIONS





February 4, 2009

EFRAIN HERNANDEZ HISPANIC AMERICAN GULF ASSOC 3804 CRESTWOOD DR VALRICO, FL 33596

SUBJECT: HISPANIC AMERICAN GULF ASSOCIATION INC.

Ref. Number: N08000011074

We have received your document for HISPANIC AMERICAN GULF ASSOCIATION 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):

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

We regret that we were unable to contact you by phone. Please return the corrected document with a letter providing us with a telephone number where you can be reached during working hours.

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) 245-6892.

Letter Number: 809A00004022

Tina Roberts
Regulatory Specialist II

Division of Corporations - P.O. BOX 6327 - Tallahassee, Florida 32314

COVER LETTER

TO: Amendment Section
Division of Corporations

Tallahassee, FL 32314

RECEIVED 2009 MAR 18 AM 8:00

NAME OF CORPORATION: Hrspain	. /	SECRETARY OF STATE
NAME OF CORPORATION: _/†\span	ic American Colf	Association 8nd
DOCUMENT NUMBER:	80000 11074	
The enclosed Articles of Amendment and fee a	re submitted for filing.	
Please return all correspondence concerning thi	s matter to the following:	
Elm	am Hernandez of Contact Person)	
(Name o	of Contact Person)	
Hispanic America	in Golf Association	in Mc
(Fir	m/ Company)	- "
3804	Cus ruood DR	
	(Address)	
Valnuco,	7L 33596 tate and Zip Code)	
(City/ S	tate and Zip Code)	
For further information concerning this matter,	please call:	
Efrain Hemandez Name of Contact Person)	at (8/3) 73/	-6732_
(Name of Contact Person)	(Area Code & Daytime	Telephone Number)
Enclosed is a check for the following amount m	nade payable to the Florida Depa	artment of State:
\$35 Filing Fee \$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Address	Street Address	
Amendment Section	Amendment Section	
Division of Corporations	Division of Corporations Clifton Building	

2661 Executive Center Circle

Tallahassee, FL 32301

, ` A	rticles of Amendment SECRETARY O	J F STATE
	rticles of Amendment SECRETARY O to DIVISION OF CORE	PORATIONS
Ar	of of MAR 17 PA	410.00
,/	01 / FF	112: 33
Hispanic Americ	can GUIF Associátu	on me
(Name of Corporation as cu	rrently filed with the Florida Dept. of St	tate)
·		
	7000011074	
(Document N	umber of Corporation (if known)	
Pursuant to the provisions of section 617.100 the following amendment(s) to its Articles of		Profit Corporation adopts
A. If amending name, enter the new name	e of the corporation:	
The new name must be distinguishable and	airea Golf Aragist	- i Dage
Tispance Ame	MEAN COIF ASSOCIATION	www.ded" on the
The new name must be distinguishable and abbreviation "Corp." or "Inc." <u>"Company</u>	contain the word "corporation" or "inc" or "cor" or "cor" or "may not be used in the name.	corporatea or the
B. Enter new principal office address, if a	pplicable:	
(Principal office address MUST BE A STR		
	<u></u>	
C. Enter new mailing address, if applical		
(Mailing address <u>MAY BE A POST OF</u>	FICE BOX)	
D. If amending the registered agent and/o new registered agent and/or the new re		nter the name of the
new registered agent and/or the new re	egistered office address:	
Name of New Registered Agent:		
		
V D : 1000 411	(Florida street address)	
New Registered Office Address:	(Fioriaa sireei aaaress)	
		, Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if char		ant the obligations of the
I hereby accept the appointment as registe position.	rea ageni. I am jamiliar wiin and acc	epi ine ovugations of the
position.		
_		
	Signature of New Registered Agent, if ch	hanging

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)

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
	 		Add Remove
			Add Remove
			Add Remove
E. If amend (attach ad	ling or adding additional Artic dditional sheets, if necessary).	eles, enter change(s) here: (Be specific)	
<u> </u>			

The date of each amendment	t(s) adoption: FEbruary 1, 2009
• Effective date <u>if applicable</u> :	,
in approasie.	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/we was/were sufficient for app	ere adopted by the members and the number of votes cast for the amendment(s) roval.
There are no members or adopted by the board of di	members entitled to vote on the amendment(s). The amendment(s) was/were rectors.
Dated	March 13, 2009 Efernal
Signature	
hav	the chairman or vice chairman of the board, president or other officer-if directors to not been selected, by an incorporator – if in the hands of a receiver, trustee, or er court appointed fiduciary by that fiduciary)
	Efnañ Hernandez
	(Typed or printed name of person signing)
	President
	(Title of person signing)

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