

ND9000000683

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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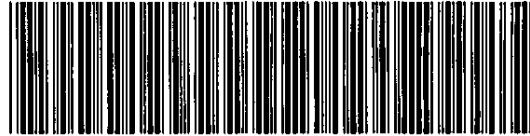
(Business Entity Name)

(Document Number)

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STATE OF NORTH DAKOTA  
DIVISION OF CORPORATIONS  
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FLORIDA DEPARTMENT OF STATE  
Division of Corporations

July 18, 2016

CARMEN M. PETERS, CPA  
FERNANDEZ-BERGNES & ASSOCIATES, PA  
7400 WEST FLAGLER STREET  
MIAMI, FL 33144

SUBJECT: MINDO FUTURES, INC.  
Ref. Number: N09000000683

We have received your document for MINDO FUTURES, 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):

The incorrect form was submitted. Please complete form pursuant to a Florida Not For Profit Corporation, section 617.

We are enclosing the proper form(s) with instructions for your convenience.

If you have any questions concerning the filing of your document, please call (850) 245-6838.

Cheryl R McNair  
Regulatory Specialist II

Letter Number: 616A00014933

SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
16 AUG - 1 PM 3:27

16 AUG 16 PM 1:21  
TELEPHONE ROOM

**COVER LETTER**

SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
16 AUG -1 PM 3:27

TO: Amendment Section  
Division of Corporations

MINDO FUTURES, INC.

NAME OF CORPORATION: \_\_\_\_\_

N09000000683

DOCUMENT NUMBER: \_\_\_\_\_

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

Please return all correspondence concerning this matter to the following:

CARMEN M. PETERS, CPA

\_\_\_\_\_  
(Name of Contact Person)

FERNANDEZ-BERGNES & ASSOCIATES, PA

\_\_\_\_\_  
(Firm/ Company)

7400 WEST FLAGLER STREET

\_\_\_\_\_  
(Address)

MIAMI, FL 33144

\_\_\_\_\_  
(City/ State and Zip Code)

cpeters@affbcpa.com

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

For further information concerning this matter, please call:

Carmen M. Peters

305

648-7100

at

\_\_\_\_\_  
(Name of Contact Person)

\_\_\_\_\_  
(Area Code)

\_\_\_\_\_  
(Daytime Telephone Number)

Enclosed is a check for the following amount made payable to the Florida Department of State:

- \$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  
MINDO FUTURES, INC.

SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
16 AUG - 1 PM 3:27

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

N09000000683

(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)

3500 EAST GLENCOE STREET

MIAMI, FL 33133

**C. Enter new mailing address, if applicable:**

(Mailing address MAY BE A POST OFFICE BOX)

3500 EAST GLENCOE STREET

MIAMI, FL 33133

**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:*

JASON GAETAN

3500 EAST GLENCOE STREET

(Florida street address)

*New Registered Office Address:*

MIAMI

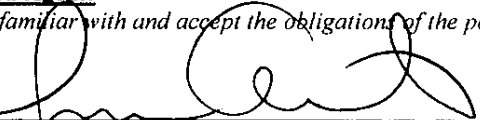
(City)

Florida 33133

(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:**

Change                    PT     John Doe

Remove                    V     Mike Jones

Add                        SV     Sally Smith

<u>Type of Action</u> (Check One)	<u>Title</u>	<u>Name</u>	<u>Address</u>
1) <input checked="" type="checkbox"/> Change	<u>VP</u>	<u>GAETAN, JASON</u>	<u>10620 SW 83 STREET</u>
<input type="checkbox"/> Add			<u>MIAMI, FL 33156</u>
<input type="checkbox"/> Remove			
2) <input type="checkbox"/> Change	<u>P</u>	<u>GAETAN, JASON</u>	<u>3500 EAST GLENCOE ST</u>
<input checked="" type="checkbox"/> Add			<u>MIAMI, FL 33133</u>
<input type="checkbox"/> Remove			
3) <input checked="" type="checkbox"/> Change	<u>S</u>	<u>ZARRAGA, MARLENE D</u>	<u>8520 S.W. 53RD AVE.</u>
<input type="checkbox"/> Add			<u>MIAMI, FL 33143</u>
<input type="checkbox"/> Remove			
4) <input type="checkbox"/> Change	<u>S/D</u>	<u>ZARRAGA, MARLENE D</u>	<u>8520 S.W. 53RD AVE.</u>
<input checked="" type="checkbox"/> Add			<u>MIAMI, FL 33143</u>
<input type="checkbox"/> Remove			
5) <input checked="" type="checkbox"/> Change	<u>D</u>	<u>HERNANDEZ, MARIA</u>	<u>10620 SW 83 STREET</u>
<input type="checkbox"/> Add			<u>MIAMI, FL 33156</u>
<input type="checkbox"/> Remove			
6) <input type="checkbox"/> Change	<u>T/D</u>	<u>HERNANDEZ, MARIA</u>	<u>1050 BRICKELL AVENUE</u>
<input checked="" type="checkbox"/> Add			<u>#3404</u>
<input type="checkbox"/> Remove			<u>MIAMI, FL 33131</u>

continue

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:**

- Change            PT     John Doe
- Remove            V       Mike Jones
- Add                SV     Sally Smith

Type of Action (Check One)	Title	Name	Address
1) <input type="checkbox"/> Change	<u>PT</u>	<u>BROWN, PAMELA</u>	<u>10620 S.W. 83RD CT</u>
<input type="checkbox"/> Add			<u>MIAMI, FL 33156</u>
<input checked="" type="checkbox"/> Remove			
2) <input type="checkbox"/> Change	<u>P</u>	<u>GAETAN, AMANDA</u>	<u>3500 EAST GLENCOE ST</u>
<input type="checkbox"/> Add			<u>MIAMI, FL 33133</u>
<input checked="" type="checkbox"/> Remove			
3) <input type="checkbox"/> Change	<u>D</u>	<u>ELMAN, MARK</u>	<u>10620 SW 83 ROAD</u>
<input type="checkbox"/> Add			<u>MIAMI, FL 33156</u>
<input checked="" type="checkbox"/> Remove			
10) <input type="checkbox"/> Change	<u>D</u>	<u>SOLER, CHAEL</u>	<u>888 SOUTH DOUGLAS RD.</u>
<input checked="" type="checkbox"/> Add			<u>APT. #912</u>
<input type="checkbox"/> Remove			<u>CORAL GABLES, FL 33134</u>
11) <input type="checkbox"/> Change	<u>D</u>	<u>CONTRERAS, MICHAEL JR.</u>	<u>8120 LOS PINOS BLVD</u>
<input checked="" type="checkbox"/> Add			<u>CORAL GABLES, FL 33143</u>
<input type="checkbox"/> Remove			
6) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			



The date of each amendment(s) adoption: 7/1/2016, if other than the date this document was signed.

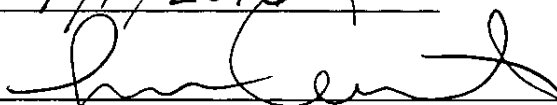
Effective date if applicable: 7/1/2016  
(no more than 90 days after amendment file date)

**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 7/1/2016

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)

Jason Gaetan  
(Typed or printed name of person signing)

President  
(Title of person signing)