

NO91000006012

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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(Business Entity Name)

(Document Number)

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07/25/17--01025--004 \*\*35.00



17 AUG 21 AM 9:09

FILED

Amcl

AUG 23 2017

R. WHITE

**COVER LETTER**

TO: Amendment Section  
Division of Corporations

NAME OF CORPORATION: PERLA DE ESPERANZA, INC

DOCUMENT NUMBER: N09000006012

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

Please return all correspondence concerning this matter to the following:

ROXANA B SILVERA

Name of Contact Person

PERLA DE ESPERANZA, INC

Firm/ Company

8180 N.W. 36TH STREET, SUITE 100-I

Address

DORAL, FLORIDA 33166

City/ State and Zip Code

perladeesperanza@gmail.com

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

For further information concerning this matter, please call:

ROXANA B SILVERA at ( 786 ) 486-8970  
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:

- |   |  |   |  |
|---|--|---|--|
| <input checked="" type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certified Copy<br>(Additional copy is<br>enclosed) | <input type="checkbox"/> \$52.50 Filing Fee<br>Certificate of Status<br>Certified Copy<br>(Additional Copy<br>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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

July 31, 2017

ROXANA B SILVERA  
8180 NW 36TH ST STE 100-1  
DORAL, FL 33166

SUBJECT: PERLA DE ESPERANZA INC  
Ref. Number: N09000006012

We have received your document for PERLA DE ESPERANZA 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 form you have submitted is for a profit corporation to become a profit/social benefit corporation. Please see the enclosed information and complete the correct form for amending a Florida not for profit corporation.

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) 245-6050.

Rebekah White  
Regulatory Specialist II

Letter Number: 617A00015387

RECEIVED  
17 AUG 21 PM 3:48  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

Articles of Amendment  
to  
Articles of Incorporation  
of

FILED

17 AUG 21 AM 9:09

PERLA DE ESPERANZA, INC

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

N09000006012

(Document Number of Corporation (if known))

Pursuant to the provisions of section 607.1006, Florida Statutes, this *corporation* adopts the following amendment(s) to its Articles of Incorporation:

**A. If amending name, enter the new name of the corporation:**

NONE

*The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.," or the designation "Corp.," "Inc.," or "Co.". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."*

**B. Enter new principal office address, if applicable:**

(Principal office address MUST BE A STREET ADDRESS)

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

(Mailing address MAY BE A POST OFFICE BOX)

**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

(Florida street address)

New Registered Office Address: \_\_\_\_\_, Florida \_\_\_\_\_  
(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*

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) ☐ Change

D

IVONNE FERNANDEZ

3710 NW 106TH DRIVE,  
MIAMI FLORIDA 33065

☐ Add

☒ Remove

2) ☐ Change

D

MARIA FERNANDA Lopez 699 NW 123 Ploce  
MIAMI, FL 33182

☐ Add

☒ Remove

3) ☐ Change

D

ALEXANDRA LUGO 8330 NW 36 ST  
apt 1200  
DOMC, FL 33178

☐ Add

☒ Remove

4) ☐ Change

☐ Add

☐ Remove

5) ☐ Change

☐ Add

☐ Remove

6) ☐ Change

☐ Add

☐ Remove

**E. FLORIDA PROFIT BENEFIT CORPORATION OPTIONS, IF APPLICABLE:**

- ☐ The corporation, in accordance with the required minimum status vote, elects to be a Florida Profit Benefit Corporation in accordance with s. 607.604, F.S.

The purpose for which the benefit corporation is organized is to create a general public benefit and:

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The general and/or specific public benefit(s) to be created by the corporation (in addition to its general purpose) is/are as follows (optional):

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The additional qualifications of Benefit Director(s), if any, are as follows: \_\_\_\_\_

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The name(s) and address(es) of the Benefit Director(s) and/or Benefit Officer(s), if any:

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

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(Include attachment if necessary)

- ☐ The corporation, in accordance with the required minimum status vote, terminates its status as a Florida Profit Benefit Corporation in accordance with s. 607.605, F.S. The revised purpose for which the corporation is organized is as follows:

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The additional qualifications of Benefit Director(s), if any, are no longer applicable and are hereby deleted.

**F. FLORIDA PROFIT SOCIAL PURPOSE CORPORATION OPTIONS, IF APPLICABLE:**

- ☐ The corporation, in accordance with the required minimum status vote, elects to be a Florida Profit Social Purpose Corporation in accordance with s. 607.504, F.S. The business purpose for which the social purpose corporation is organized

is: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

The public benefit for which the corporation is organized is:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

The specific public benefit(s) to be created by the corporation (in addition to the above) is/are as follows (optional):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

The additional qualifications of Benefit Director(s), if any, are as follows: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

The name(s) and address(es) of the Benefit Director(s) and/or Benefit Officer(s), if any:

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(Include attachment if necessary)

- ☐ The corporation, in accordance with the required minimum status vote, terminates its status as a Florida Profit Social Purpose Corporation in accordance with s. 607.505, F.S. The revised purpose for which the corporation is organized is as follows:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

The additional qualifications of Benefit Director(s), if any, are no longer applicable and are hereby deleted.

**G. If amending or adding additional Articles, enter change(s) here:**

(Attach additional sheets, if necessary). (Be specific)

[illegible]

**H. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:**

(if not applicable, indicate N/A)

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07/18/2017

The date of each amendment(s) adoption: \_\_\_\_\_, if other than the date this document was signed.

07/18/2017

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 shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.

☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):

"The number of votes cast for the amendment(s) was/were sufficient for approval

by \_\_\_\_\_  
(voting group)

☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.

☒ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.

07/18/2017

Dated \_\_\_\_\_

Signature \_\_\_\_\_

(By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)

ROXANA B SILVERA

\_\_\_\_\_  
(Typed or printed name of person signing)

PRESIDENT/FOUNDER

\_\_\_\_\_  
(Title of person signing)