NO9000011528

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EXAMINER

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: Tallahassee H	lispanic/Latino Profes	sionals & Entrepren
DOCUMENT NUM	BER: N09000011528		
The enclosed Articles	s of Amendment and fee are sul	bmitted for filing.	
Please return all corre	espondence concerning this mat	ter to the following:	
		lia Marchena	
	(Name of	Contact Person)	
Ta	llahassee Hispanic/Latino	Professionals & Entrepre	neurs, Inc.
	(Firm	n/ Company)	
	2132 GI	ennridge Drive	
	(Address)	
	Tallahas	ssee, FL 32308	
		ate and Zip Code)	
	claudia.ma	rchena@thlpe.org	
	E-mail address: (to be use	ed for future annual report notif	ication)
For further information	on concerning this matter, pleas	e call:	
Claudia Marchen	a ·	at (404) 314-8	902
(Name	of Contact Person)		rtime Telephone Number)
Enclosed is a check for	or the following amount made p	payable to the Florida Departm	ent 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)
Amer Divis P.O. J	ing Address adment Section ion of Corporations Box 6327 hassee, FL 32314	Street Address Amendment Section Division of Corpora Clifton Building 2661 Executive Cer	n ations

Tallahassee, FL 32301

Articles of Amendment Articles of Incorporation

Tallahassee Hispanic/Latino Professionals & Entrepreneurs, Inc. (Name of Corporation as currently filed with the Florida Dept. of State)

11528		
Corporation (if known)		
Statutes, this <i>Florida Not For</i> ation:	Profit Corporation	n adopts
rporation:		
the word "corporation" or "in" may not be used in the name.	ncorporated" or th	- ne
RESS)		
		10 SEP
<u>x</u>)		-2 A
		AHII:21
	enter the name of	
(Florida street address)		
	, Florida	
(City)	(Zip Code)	
	ed office address in Florida, coffice address:	Statutes, this Florida Not For Profit Corporation ation: rporation: the word "corporation" or "incorporated" or the many not be used in the name. RESS ed office address in Florida, enter the name of coffice address: (Florida street address) , Florida

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)

<u>Title</u>	<u>Name</u>	Address	Type of Action
<u>T</u>	Rosario, Mia L	1897 RODRIQUE LANE TALLAHASSEE FL 32310 US	☐ Add ☐ Remove
<u>VP</u>	Rosario, Mia L	1897 RODRIQUE LANE TALLAHASSEE FL 32310 US	☐ Add ☐ Remove
<u>T</u>	Marchena, Claudia P	2132 GLENNRIDGE DRIVE TALLAHASEE, FL 32308 US	✓ Add ☐ Remove
	ng or adding additional Articles, enter litional sheets, if necessary). (Be specif		
18 11 81 11			

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>	Address	Type of Action
<u>s</u>	Samuel, Maria M	1428 NORTH BRONOUGH ST TALLAHASSEE, FL 32303 US	
			Add Remove
			Add Remove
E. If amendin (attach addi	g or adding additional Articles, enter of tional sheets, if necessary). (Be specificational sheets)	change(s) here:	

The date of each amendment(s)	adoption: 06/01/2010
	(date of adoption is required)
Effective date if applicable:	
	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/were awas/were sufficient for approve	dopted by the members and the number of votes cast for the amendment(s) al.
There are no members or mem adopted by the board of directors	abers entitled to vote on the amendment(s). The amendment(s) was/were ors.
Dated 08/28/2	010 JAIL
Signature	
have ho	chairman or vice chairman of the board, president or other officer-if directors of been selected, by an incorporator – if in the hands of a receiver, trustee, or ourt appointed fiduciary by that fiduciary)
	Alex Bello
_	(Typed or printed name of person signing)
_	President
_	(Title of person signing)

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