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COVER LETTER

. TO: Amendment Section
Division of Corporations

NAME OF CORPO	RATION: Gables Hispar	nic Cultural Foundation	, inc.
DOCUMENT NUM	BER		
The enclosed Article	s of Amendment and fee are sub	omitted for filing.	
Please return all corr	espondence concerning this matt	ter to the following:	
■ 111111		ma, Jr., President	
	(Name of	Contact Person)	
	Gables Hispanic (Cultural Foundation, Inc.	
	(Firm	/·Company)	
	13701 SW 66	Street Suite B-206	
	()	Address)	
	Miami,	Florida 33183	
	·	te and Zip Code)	
-		d@bellsouth.net d for future annual report notific	cation)
For further informati	on concerning this matter, please	e call:	
Emilio Sauma, J	r., President	at (305) 302-97	50
(Name	e of Contact Person)	· · · (Area Code & Dayti	ime Telephone Number)
Enclosed is a check	for the following amount made p	payable to the Florida Departmen	nt of State:
	☐ \$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)
Ame Divi P.O.	ling Address endment Section sion of Corporations Box 6327 ahassee, FL 32314	Street Address Amendment Section Division of Corporate Clifton Building 2661 Executive Cent Tallahassee, FL 3230	er Circle

Articles of Amendment to Articles of Incorporation of

GABLES HISPANIC CULTURAL FOUNDATION INC. (Name of Corporation as currently filed with the Florida Dept. of State)

(Name of Corporation as currently file	d with the Florida Dept. of S	tate)
(Document Number of C	orporation (if known)	
Pursuant to the provisions of section 617.1006, Florida She following amendment(s) to its Articles of Incorporat		Profit Corporation adopts
A. If amending name, enter the new name of the cor	poration:	
The new name must be distinguishable and contain that be abbreviation "Corp." or "Inc." "Company" or "Co." and the contain the	e word "corporation" or "in may not be used in the name.	corporated" or the
B. Enter new principal office address, if applicable: Principal office address <u>MUST BE A STREET ADDR</u>	RESS)	TAGE OF THE
·		ASSEC E
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	1. 4. O. 2. S. 2.
 If amending the registered agent and/or registere new registered agent and/or the new registered of 		nter the name of the
Name of New Registered Agent:	· ;	<u> </u>
New Registered Office Address:	(Florida street address)	
	(City)	, Florida (Zip Code)
New Registered Agent's Signature, if changing Regist hereby accept the appointment as registered agent.		ept the obligations of the
position.	·	
Signature	of New Registered Agent, if c	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
D Secr	Irene Ballart	'8431 SW 33 Terrace Miami, Florida 33155	☐ Add Remove
			Add Remove
E, <u>If amend</u> (attach ad	ing or adding additional Artic ditional sheets, if necessary).	les, enter change(s) here: (Be specific)	

		•	

The date of each amendment(s	s) adoption: September 6, 2010
•	(date of adoption is required)
Effective date <u>if applicable</u> : _	
	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/were was/were sufficient for appro	e adopted by the members and the number of votes cast for the amendment(s) oval.
There are no members or me adopted by the board of dire	embers entitled to vote on the amendment(s). The amendment(s) was/were externs.
Signature(By t have	the chairman or vice chairman of the board, president or other officer-if directors not been selected, by an incorporator – if in the hands of a receiver, trustee, or court appointed fiduciary by that fiduciary)
	Emilio Sauma, Jr. (Typed or printed name of person signing)
	President/CEO
	(Title of person signing)