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COVER LETTER

TO: Amendment Section Division of Corporations

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NAME OF CORPORATION: CENTRO AD	MINISTRADOR COMUNITARIO	> Nc
DOCUMENT NUMBER: N 10000	005617	
The enclosed Articles of Amendment and fee are subn	nitted for filing.	
Please return all correspondence concerning this matte	r to the following:	
ROSER MARE (Name of C	Contact Person)	
CENTRO ADMINISTRAL (Firm/	OR COMUNITARIO INC.	
1701 WEST FLAGUER	Street. SUITE # 319 Idress)	
MIAMI FLORIDA (City/ State	33/35 and Zip Code)	-
E-mail address: (to be used	for future annual report notification)	
For further information concerning this matter, please	call:	
ROGER MARENCO (Name of Contact Person)	at (786) 4-54- 0874	 ;
		umber)
Enclosed is a check for the following amount made pay	vable to the Florida Department of State:	,
\$35 Filing Fee Certificate of Status	□ \$43.75 Filing Fee & □ \$52.50 Filing Fee &	of Status opy Copy
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

Λf

(Name of Corporation as currently filed with the Florida Dept. of State)
(Name of Corporation as currently field with the Florida Dept. of State) (Document Number of Corporation (if known)
Pursuant to the provisions of section 617.1006, Florida Statutes, this <i>Florida Not For Profit Corporation</i> adopts the following amendment(s) to its Articles of Incorporation:
A. If amending name, enter the new name of the corporation: CENTRO ADMINISTRADOR COMUNITARIO INC. 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) MIAMI FL. 33135
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 1701 WEST FLAGER St. SUITE #319 MIAMI FLORIM 33135
D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered office address:
Name of New Registered Agent:
New Registered Office Address: (Florida street address) , Florida (City) (Zip Code)
New Registered Agent's Signature, if changing Registered Agent: 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)

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		Remove
		Add
E. If amending or adding additional Articles, enter	change(s) here:	
(attach additional sheets, if necessary). (Be speci,	fic)	
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The date of each amendment(s) adoption: 11-1-2010
Effective date if applicable: $11-1-2010$
(no more than 90 days after amendment file date)
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 11-26-2010 Signature 2008 1 Maurice
(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)
ROGER MARENCO (Typed or printed name of person signing)
EXECUTIVE DIRECTOR (Title of person signing)