N10000008521

(Requ	estor's Name)	
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(City/S	State/Zip/Phone #)	
PICK-UP	□ WAIT	MAIL
	L **/**	
(Rusin	ness Entity Name)	
(DGSII	iess Entry Name;	
(Docu	ment Number)	
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Certified Copies	Certificates of	Status
Special Instructions to Fili	ing Officer:	

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Corp. 1/100

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORP	PORATION: PROJECTO M	ULTICULTURAL LAS AMÉRICAS	INC
DOCUMENT NU	MBER: N10000008521	· · · · · · · · · · · · · · · · · · ·	
The enclosed Artic	les of Amendment and fee are	submitted for filing.	
Please return all co	rrespondence concerning this r	natter to the following:	
		ALDO MARTINEZ	
	(Name	e of Contact Person)	
***************************************		SSIONAL SERVICES INC	
	(F	irm/ Company)	
	782 N\	W 42 AVE # 2	
		(Address)	
•		MI FL 33126 State and Zip Code)	
		TINEZ@AOL.COM used for future annual report notificat	ion)
For further informa	ition concerning this matter, pla	ease call:	
OS\	VALDO MARTINEZ	at (305 <u>446-4006</u>	
	ne of Contact Person)	(Area Code & Daytim	e Telephone Number)
Enclosed is a check	k for the following amount mad	le payable to the Florida Department of	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)
	niling Address	Street Address Amendment Section	
Amendment Section Division of Corporations		Division of Corporation	S
	D. Box 6327	Clifton Building	
Tallahassee, FL 32314		2661 Executive Center (Circle

Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE Division of Corporations

October 20, 2011

OSVALDO MARTINEZ 782 NW 42 AVE #2 MIAMI, FL 33126

SUBJECT: PROJECTO MULTICULTURAL LAS AMERICAS INC.

Ref. Number: N10000008521

We have received your document for PROJECTO MULTICULTURAL LAS AMERICAS 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):

Amendments for nonprofit corporations are filed in compliance with section 617.1006, Florida Statutes. Please see the attached information.

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) 245-6916.

Carol Mustain Regulatory Specialist II

Letter Number: 611A00024075

Articles of Amendment to Articles of Incorporation of

PROJECTO MULTICULTURAL LAS AMERICAS INC

(Name of Corporation as currently filed	with the Florida Dept. of State)
N100000085	521
(Document Number of Con	rporation (if known)
Pursuant to the provisions of section 617.1006, Florida St. the following amendment(s) to its Articles of Incorporation	
A. If amending name, enter the new name of the corpo	oration:
The new name must be distinguishable and contain the abbreviation "Corp." or "Inc." "Company" or "Co." materials and contain the abbreviation "Corp." or "Inc." "Company" or "Co." materials and contain the abbreviation "Corp." or "Inc." "Company" or "Co." materials and contain the abbreviation "Corp." or "Inc." "Company" or "Co." materials and contain the abbreviation "Corp." or "Inc." "Company" or "Co." materials and contain the abbreviation "Corp." or "Inc." "Company" or "Co." materials and contain the abbreviation "Corp." or "Inc." "Company" or "Co." materials and contain the abbreviation "Corp." or "Inc." "Company" or "Co." materials and contain the abbreviation "Corp." or "Inc." "Company" or "Co." materials and contain the abbreviation "Corp." or "Inc." "Company" or "Co." materials and contain the abbreviation "Corp." or "Inc." "Company" or "Co." materials and contain the abbreviation "Corp." or "Co." materials and contain the abbreviation "Corp." or "Co." materials and contain the abbreviation "Corp." or "Co." materials and contain the abbreviation "Co." "Co.	
B. Enter new principal office address, if applicable:	
(Principal office address MUST BE A STREET ADDRE	
	→
C. Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
D. If amending the registered agent and/or registered	
new registered agent and/or the new registered offi	ce address:
Name of New Registered Agent:	
	a
<u>New Registered Office Address</u> :	(Florida street address)
	, Florida
	(City) (Zip Code)
New Registered Agent's Signature, if changing Registe	red Agent.
	I am familiar with and accept the obligations of the
Signature	f New Registered Agent if changing

If AMENDING the Officers and/or Directors, please list all officers/directors of the corporation as you now want the record to be. Please indicate the title(s), name and address for each officer/director.

(Our database can index up to 6 officers/directors. If you have more than 6 officers/directors, please list them on an additional sheet.)

Title(s)	<u>Name</u>		Address	
1)DR	MARTA M. MEMBIELA	6828 \$	SW 114 AVE	
-/ <u></u>		MIAMI FI	. 33175 -	
a) D	RICARDO LEAL	1388 SV	/ 9 ST	
2) <u>P</u>	MOANDO EEAE	MIAMI FI		
				
3) <u>DR</u>	EVARISTA BLANCO	1855 W		
		HIALEAH	FL 33012	
4)				
			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
5)			***	
		<u> </u>		
6)	,			
		<u></u>	7	
	an officer and/or director, pleas	e list the title(s) ar	d name of the officer	director to be
removed:				
Title(s)	<u>Name</u>	Title(s)	<u>Name</u>	
1) <u>VP</u>	ALBERT DAGHER	4) DR	NANCY M MIC	BUELEZ
2)_DR	MARGARITA ORTEGA	5)		
3) DR	OLGA Y MARTINEZ	6)		

E. <u>If amending or adding additional Artic</u> (attach additional sheets, if necessary).	(Be specific)	
·		
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	<u> </u>	4
	· · · · · · · · · · · · · · · · · · ·	

The date of each amendmen	t(s) adoption: 10/17/2011
	(date of adoption- required)
Effective date if applicable:	10/17/2011
	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/we was/were sufficient for app	re adopted by the members and the number of votes cast for the amendment(s) proval.
There are no members or n adopted by the board of dire	nembers entitled to vote on the amendment(s). The amendment(s) was/were ectors.
Dated	10/17/2011
_ Signature _	Menta M. Menelila.
hav	where the chairman or vice chairman of the board, president or other officer-if directors we not been selected, by an incorporator – if in the hands of a receiver, trustee, or er court appointed fiduciary by that fiduciary)
	MARTA MEDINA MEMBIELA
	(Typed or printed name of person signing)
	VP
	(Title of person signing)

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