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DRIO

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPO	RATION: FOUNDATIO	N CULTURAL PARAGU	AYO GUARANI		
DOCUMENT NUM	BER: N10000009163				
The enclosed Article	s of Amendment and fee are sul	bmitted for filing.			
Please return all corre	espondence concerning this ma	tter to the following:			
	JOSEF	INA SANTOS			
	(Name of	f Contact Person)			
	ACCOUNTAX OF	FICE SERVICES, CORP.			
(Firm/ Company)					
	7590 NW 18	36 STREET #206A			
, <u></u>	(Address)				
	MIAN	1I FL. 33015			
	(City/ Sta	te and Zip Code)			
For further information	E-mail address: (to be use	ed for future annual report notifica	tion)		
(Name	of Contact Person)	at () (Area Code & Daytin	ne Telephone Number)		
Enclosed is a check f	or the following amount made p	payable to the Florida Department	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)		
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Street Address Amendment Section Division of Corporatio Clifton Building 2661 Executive Center Tallahassee, FL 32301			

Articles of Amendment

Articles of Incorporation

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FOUNDATION CULTURAL PARAGUAYO GUARANTA

(Name of Corporation as currently file	d with the Florida Dept.	of State)
N1000000	9163	· ·
(Document Number of Co	orporation (if known)	<u> </u>
Pursuant to the provisions of section 617.1006, Florida S the following amendment(s) to its Articles of Incorporati		For Profit Corporation adopts
A. If amending name, enter the new name of the corp	ooration:	
FUNDACION CULTURAL PAR	AGUAYO GUARANI	, INC
The new name must be distinguishable and contain the abbreviation "Corp." or "Inc." "Company" or "Co." r	e word "corporation" of nay not be used in the na	r "incorporated" or the i <u>me</u> .
B. Enter new principal office address, if applicable:		
(Principal office address <u>MUST BE A STREET ADDR</u>	<u>ESS</u>)	
		
C. Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
D. If amending the registered agent and/or registered		la, enter the name of the
new registered agent and/or the new registered of	fice address:	
Name of New Registered Agent:		
New Registered Office Address:	(Florida street address)	
		Elavido
	(City)	, Florida <i>(Zip Code)</i>
	•	• • •
New Registered Agent's Signature, if changing Regist I hereby accept the appointment as registered agent.		accent the obligations of the
nosition	Janina min	accept the congains of the

I her 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)

Type of Action <u>Title</u> Name Address ☐ Add ☐ Remove E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific)

The date of each amendment	(s) adoption: 10/01/2010
Effective date <u>if applicable</u> :	(date of adoption is required) 10/01/2010
Market State	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/wer was/were sufficient for appr	re adopted by the members and the number of votes cast for the amendment(s) roval.
There are no members or r adopted by the board of dir	nembers entitled to vote on the amendment(s). The amendment(s) was/were ectors.
have	the chairman or vice thairman of the board, president or other officer-if directors e not been selected, by an incorporator – if in the hands of a receiver, trustee, or court appointed fiduciary by that fiduciary) MARIA L CACERES
	(Typed or printed name of person signing)
	PRESIDENT
	(Title of person signing)

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