# N10000028

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### **COVER LETTER**

**TO:** Amendment Section Division of Corporations.

NAME OF CORPORATION: MISION PUER	TA AL MUNDO, INC.	<del></del>
DOCUMENT NUMBER: N11000000728		
The enclosed Articles of Amendment and fee are s	submitted for filing.	
Please return all correspondence concerning this m	eatter to the following:	
ALICIA SALINAS		
(Name	of Contact Person)	
	rm/ Company)	
(7.11	ma Company)	
621 E. 6TH STREET	(Address)	
HIALEAH, FL 33010 (City/S	tate and Zip Code)	
ALICIAREGISALI@YAHOO.COM	M	
E-mail address: (to be us	sed for future annual report notific	ation)
For further information concerning this matter, plea	ase call:	
ALICIA SALINAS	at (305) 609-3014	4
(Name of Contact Person)	(Area Code & Dayti	me Telephone Number)
Enclosed is a check for the following amount made	payable to the Florida Departmen	t of State:
☑\$35 Filing Fee ☐\$43.75 Filing' se & Certificate of 5 tatus	□\$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	Street Address Amendment Section	,
Division of Corporations P.O. Box 6327	Division of Corporation	ons
Tallahassee, FL 32314	Clifton Building 2661 Executive Cente Tallahassee, FL 32301	

#### Articles of Amendment to Articles of Incorporation of

#### MISION PUERTA AL MUNDO, INC.

(Name of Corporation as currently filed with the Florida Dept. of State)

N11000000728

(Document Number of Corporation (if known)

Pursuant to the provisions of section 617.1006, Florida Statutes, this *Florida Not For Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

he new name must be distinguishable and bbreviation "Corp." or "Inc." <u>"Company</u>			
. Enter new principal office address, if a Principal office address <u>MUST BE A STR</u>			
. Enter new mailing address, if application (Mailing address MAY BE A POST OF			
new registered agent and/or the new re			enter the name of the
Name of New Registered Agent:  New Registered Office Address:	egistered office add		enter the name of the
new registered agent and/or the new re Name of New Registered Agent:	egistered office add	lress:	enter the name of the , Florida

Page 1 of 4

## 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)	Name		Address	
1)PRES.	ALICIA SALINAS		. 6TH STREET	
· <del></del>	<del></del>	HIALEA	H, FL 33010	
2) SEC /TREAS	CYNTHIA LEIVA		STH STREET	
		HIALEA	H, FL 33010	
3)			<u>.</u>	
4)				<del></del>
				<del></del>
5)				
6)				
If REMOVING	an officer and/or director, pleas	e list the title(s) a	nd name of the office	r/director to be
removed:				
Title(s)	<u>Name</u>	Title(s)	<u>Name</u>	
1) <u>VP</u>	JOADAN CALVEIRO	4)		
2)		5)		<u>-</u>
3)		6)		

E. If amending or adding additional Articles, enter change(s) here:  (attach additional sheets, if necessary). (Be specific)					
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	. <u>-</u>				

The date of each amendment	(s) adoption: NOVEMBER 11, 2011
, , , , , , , , , , , , , , , , , , , ,	(date of adoption- required)
Effective date if applicable:	
	(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 madopted by the board of dire	embers entitled to vote on the amendment(s). The amendment(s) was/were ctors.
Dated	12/01/2011
have	the chairman of vice chairman of the board, president or other officer-if directors e not been selected, by an incorporator – if in the hands of a receiver, trustee, cer court appointed fiduciary by that fiduciary)
Othe	ALICIA SALINAS ALICIA R. SALIWAS  (Typed or printed name of person signing)
	PRESIDENT ALINAS (Title of person signing)

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