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R. WHILE

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: LOGIA MASONICA, SOLES DE MARTI-BA
DOCUMENT NUMBER: NIIOOOOIOIZ
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
OSCAR ESQUIA
(Name of Contact Person)
(Firm/ Company)
600 W. 29th st. Jose MARTI" BA.
(Addreśs)
HARRAN, FL. 33010
(City/ State and Zip Code)
OSCARESONIATAS Q hotanil Com
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
OSCAR ESQUA 4 305-557-2760
(Name of Contact Person) (Area Code) (Daytime Telephone Number)
Enclosed is a check for the following amount made payable to the Florida Department of State:
\$35 Filing Fee \$\Bigcup \\$43.75 Filing Fee \& \Bigcup \\$43.75 Filing Fee \& \Bigcup \\$43.75 Filing Fee \& \Bigcup \\$52.50 Filing Fee \& \Bigcup \\$52.50 Filing Fee \& \Bigcup \\$Certificate of Status \\ (Additional copy is enclosed) \\ (Additional Copy is Enclosed)

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



FLORIDA DEPARTMENT OF STATE Division of Corporations

May 25, 2017

OSCAR ESQUIA 600 W 29TH ST JOSE MARTI BLVD HIALEAH, FL 33010

SUBJECT: LOGIA MASONICA SOLES DE MARTI, INC.

Ref. Number: N11000001012

See Coperful

We have received your document for LOGIA MASONICA SOLES DE MARTI, 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):

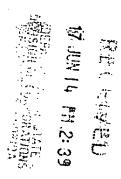
The name must contain a word that will clearly indicate that it is a corporation. This word may be: CORPORATION, CORP., INCORPORATED, or INC. Sections 617.0401(1)(a) and 617.1506(1), Florida Statutes, prohibits the use of the word COMPANY or CO. in the name of a non-profit corporation.

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) 245-6050.

Rebekah White Regulatory Specialist II

Letter Number: 717A00010648



Articles of Amendment to Articles of Incorporation of AMII: 5 AMII: 5 (Name of Corporation as currently filed with the Florida Dept. of State)

(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:

A. If amending name, enter the new name of the corporation	
LOGIA MASONICA	SOLES DE MARTIBAIRE INC
name must be distinguishable and contain the word "corporati "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)	600 W 29th st. "Jose MARTI" BLO HIALEAN, FLORIDA, 33010
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	3790 E 2nd AVE. HIALEAR, FL 33013
D. If amending the registered agent and/or registered office new registered agent and/or the new registered office action of the New Registered Agent:	
	W. 29st: "Jose Marti" Bld :
New Registered Office Λddress:	(City) , Florida <u>33010</u> (City) (Zip Code)
New Registered Agent's Signature, if changing Registered Albereby accept the appointment as registered agent. I am fan	

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)

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: X Change X Remove X Add	PT John I V Mike . SV Sally S	<u>Iones</u>	
Type of Action (Check One)	Title	Name	<u>Addres</u> s
1) Change	(i)	h. '	
Add			
Remove			
2) Change Add	\mathcal{P}	JUAMM. KEINA	1125 W. 60st Apt F130 HIALEAD, F1. 33012
Remove 3) Change Add	S	OSCAR ESQUIA	3790 E. ZAVE. HIALEND, Fl. 33013
Remove 4) Change Add	ナ	FAUSTO CASTRO	201-178 DRIVE, Apt 538 SUNNY/S/ES BEACH,
Remove			71.03/60
5) Change			
Add		·	
Remove			
6) Change	·		
Add			
Remove			

The date of each amendment(s) ad	option:	, if other than the
date this document was signed.	·	
Effective date if applicable:		
	(no more than 90 days after amendment file d	ate) ·
Note: If the date inserted in this blo document's effective date on the De	ck does not meet the applicable statutory filing requirement of State's records.	rements, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were adwas/were sufficient for approva	lopted by the members and the number of votes cast tell.	for the amendment(s)
There are no members or members adopted by the board of director	pers entitled to vote on the amendment(s). The amendors.	dment(s) was/were
Dated	5/17/17	
Signature	STUMBER S	
(By the chair	man or vice chairmen of the board, president or other	r officer-if directors
	en selected, by an incorporator – if in the hands of a rappointed fiduciary by that fiduciary)	receiver, trustee, or
	Oscar Esovia	
	(Typed or printed name of person sign	ning)
		/

(Title of person signing)