Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H110002204903)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : BANOS, GARCIA, AND ASSOCIATES, P.A.

Account Number : I20100000067 Phone : (305)856-6626 Fax Number : (305)856-6628

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

COR AMND/RESTATE/CORRECT OR O/D RESIGN CENTRO DE EDUCACION Y COMUNICACION GUAMAN POMA DE

0
0
01
\$35.00

Electronic Filing Menu

Corporate Filing Menu

Help



D.

Articles of Amendment

to	
Articles of Incorpo	ration
CENTRO DE EDUCACION Y COMUNICACIO	N GUAMAN POMA DE AYALA, COR
(Mainte of Corporation as currently filed with	ine Florida Dept. of State)
N11_000001603	
(Document Number of Corporat	ion (if known)
Pursuant to the provisions of section 617.1006, Florida Statutes, the following amendment(s) to its Articles of Incorporation:	this Florida Not For Profit Corporation adopts
A. If amending name, enter the new name of the corporation	<u>n:</u>
The new name must be distinguishable and contain the word 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)	BZZO CORAL WAY MAMI, FL 33155
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	BZZO CORAL WAY MIAMI, FL 33155
D. If amending the registered agent and/or registered office new registered agent and/or the new registered office add	address in Florida, enter the name of the
Name of New Registered Agent: B220 C	ORAL WAY
	da street address)
M	14M1 Florida 331555 15
	(City) (Zip Code)
New Registered Agent's Signature, if changing Registered A	gent.
I hereby accept the appointment as registered agent. I am	

New Res
I hereby
position.

gistered Agent, if changing

No. 4958 P. 3/4

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)

Title	Name	Address	Type of Action
<u>VP</u>	JESSICA MONTESINO	8220 CORAL WAY MIAMI EL 33155	Add Remove
<u>S</u> _	Isis SOLER	8220 CORAL WAY HIANI FL 33155	Add Remove
			☐ Add ☐ Remove
E. If amend (attach aa	ling or adding additional Articles, enter Iditional sheets, if necessary). (Be specij	change(s) here: fic)	
			<u></u>
			· · · · · · · · · · · · · · · · · · ·
		•	

Se <u>ρ</u> .	8. 2011	3:46PM	ICSH2	110002	20490	(3)))	No. 4958	P. 4/4
			ment(s) adopti	on:9	5/20 of adoption is	11		
E	affective da	te <u>if applica</u>		` <u> </u>	•	requirea) nendment file da	te)	_
A	doption of	Amendmen	t(5)	(CHECK O	<u>ne</u>)			
Ç	The amer	ndment(s) we sufficient fo	s/were adopted rapproval.	by the member	rs and the num	ber of votes cast	for the amendm	ent(s)
		e no member by the board	of directors.			ent(s). The ame	ndment(s) was/w	ere
		Dated_	9/5	- /20 11 Mor	: - 31/-			
		Signati	(By the chain have not been	man or vice the selected a pointed aducia	nincorporator	pard, president or - if in the hands ciary)	other officer-if	directors rustee, or
				JOA	RGE B	PANOS		
			<u></u>		4	person signing)		
) · v	esiDEA			

Page 3 of 3