

Florida Department of State  
Division of Corporations  
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((H110000434013)))



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To:

Division of Corporations  
Fax Number : (850) 617-6380

From:

Account Name : BANOS, GARCIA, AND ASSOCIATES, P.A.  
Account Number : 120100000067  
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.\*\*

Email Address: garcia@bypatax.com

COR AMND/RESTATE/CORRECT OR O/D RESIGN  
ASOCIACION CHUYMA DE APOYO RURAL, CORP.

Certificate of Status	0
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*Amend*  
*10/18/11*

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Corporate Filing Menu

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Articles of Amendment  
to  
Articles of Incorporation  
of

**ASOCIACION CHUYMA DE APOYO RURAL, CORP.**

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

**N11000001624**

(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:**

*The new name must be distinguishable and contain the word "corporation" or "incorporated" or the 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**)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**C. Enter new mailing address, if applicable:**  
(Mailing address **MAY BE A POST OFFICE BOX**)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:**

Name of New Registered Agent:

\_\_\_\_\_

New Registered Office Address:

(Florida street address)

\_\_\_\_\_

(City)

Florida

(Zip Code)

**New Registered Agent's Signature, if changing Registered Agent:**

*I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.*

\_\_\_\_\_  
Signature of New Registered Agent, if changing

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**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)

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
<u>VP</u>	<u>QUISO CHOQUE, VICTOR</u>	<u>7875 NW 29th Street</u> <u>Doral, FL 33122</u>	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
<u>VP</u>	<u>Chambi Pacoricona, Nestor</u>	<u>7875 NW 29th Street</u> <u>Doral, FL 33122</u>	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
<u>VP</u>	<u>Chambi Pacoricona, Walter</u>	<u>7875 NW 29th Street</u> <u>Doral, FL 33122</u>	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove

**E. If amending or adding additional Articles, enter change(s) here:**  
(attach additional sheets, if necessary). (Be specific)

100

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The date of each amendment(s) adoption: 02/17/2011

(date of adoption is required)

Effective date if applicable:

(no more than 90 days after amendment file date)

Adoption of Amendment(s)

(CHECK ONE)

- ☒ The amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s) was/were sufficient for approval.
- ☐ There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors.

Dated

2 / 17 / 2011

Signature

(By the chairman or vice chairman of the board, president or other officer-if directors have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)

Jorge Banos

(Typed or printed name of person signing)

President

(Title of person signing)