

N 110000008628

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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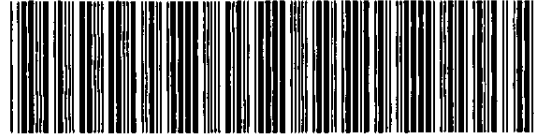
(Business Entity Name)

(Document Number)

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JUN 2 2015  
C LEWIS



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

April 16, 2015

SERGIO MORALES / CONFEDERACION DE TRABAJADORES DE CUBA  
9064 GARLAND AVE  
SURFSIDE, FL 33154 US

SUBJECT: CONFEDERACION DE TRABAJADORES DE CUBA DELEGACION  
DE MIAMI, CORP.  
Ref. Number: N11000008628

We have received your document for CONFEDERACION DE TRABAJADORES  
DE CUBA DELEGACION DE MIAMI, CORP. and check(s) totaling \$61.25.  
However, your check(s) and document are being returned for the following:

I was unable to reach you by phone. If you are trying to file the annual report for  
this corporation, you have to go online to file it. If you are just trying to file the  
amendment, please send a check for the correct amount to my attention. The  
filing fee for the amendment is \$43.75.

If you have any questions concerning the filing of your document, please call  
(850) 245-6050.

Carolyn Lewis  
Regulatory Specialist II

Letter Number: 115A00007662

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**NAME OF CORPORATION:** Confederacion de Trabajadores de Cuba Delegacion de Miami Corp

**DOCUMENT NUMBER:** N11000008628

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

**Sergio Morales**

(Name of Contact Person)

**Confederacion de Trabajadores de Cuba Delegacion de Miami**

(Firm/ Company)

**9064 Garland Ave**

(Address)

**Surfside, FL, 33154**

(City/ State and Zip Code)

**sergmore004@yahoo.com**

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

**Sergio Morales**

(Name of Contact Person)

at ( **305** ) **864-0600**

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount made payable to the Florida Department of State:

- |  |  |  |  |
|--|--|--|--|
| <input type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certificate of Status | <input checked="" type="checkbox"/> \$43.75 Filing Fee &<br>Certified Copy<br>(Additional copy is<br>enclosed) | <input type="checkbox"/> \$52.50 Filing Fee<br>Certificate of Status<br>Certified Copy<br>(Additional Copy is<br>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

Articles of Amendment  
to  
Articles of Incorporation  
of

**Confederacion de Trabajadores de Cuba Delegacion de Miami Corp**

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

**N11000008628**

(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:**

**N/A**

*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)

**N/A**

**C. Enter new mailing address, if applicable:**

(Mailing address MAY BE A POST OFFICE BOX)

**N/A**

**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: **N/A**

(Florida street address)

New Registered Office Address:

**N/A**

**N/A**

(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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CLERK OF CIRCUIT COURT  
IN AND FOR THE COUNTY OF MIAMI  
FLORIDA

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:

<input checked="" type="checkbox"/> Change	<u>PT</u>	<u>John Doe</u>
<input checked="" type="checkbox"/> Remove	<u>V</u>	<u>Mike Jones</u>
<input checked="" type="checkbox"/> Add	<u>SV</u>	<u>Sally Smith</u>

<u>Type of Action</u> (Check One)	<u>Title</u>	<u>Name</u>	<u>Address</u>
1) <input type="checkbox"/> Change <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove	<u>DGS</u>	<u>Ramon, Martin</u>	<u>9064 Garland Ave</u> <u>Surfside, Fl, 33154</u>
2) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	<u>DGS</u>	<u>Hector, Torres</u>	<u>9064 Garland Ave</u> <u>Surfside, Fl, 33154</u>
3) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>DS</u>	<u>Sergio, Morales</u>	<u>9064 Garland Ave</u> <u>Surfside, Fl, 33154</u>
4) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>DS</u>	<u>Roberto, Perez Aguero</u>	<u>9064 Garland Ave</u> <u>Surfside, Fl, 33154</u>
5) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>DS</u>	<u>Carlos, LLodra</u>	<u>9064 Garland Ave</u> <u>Surfside, Fl, 33154</u>
6) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>DS</u>	<u>Luis J. Garcia</u>	<u>9064 Garland Ave</u> <u>Surfside, Fl, 33154</u>

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

N/A

The date of each amendment(s) adoption: June 1st, 2012, if other than the date this document was signed.

Effective date if applicable: N/A  
(no more than 90 days after amendment file date)

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

15 MAY 26 AM 10:51

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 March 21, 2015

Signature

Sergio Morales

(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)

Sergio Morales

(Typed or printed name of person signing)

Registered Agent-DS

(Title of person signing)