Division of Corporations Electronic Filing Cover Sheet

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.

(((H150002703823)))



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 : FASTKIT CORP Account Number: I20100000009 : (305)599-0839 Fax Number : (305)592-9591

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

Email Address:

COR AMND/RESTATE/CORRECT OR O/D RESIGN FIESTAS PATRONALES DE CAMOAPA INC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$35.00

Articles of Amendment

to Articles of Incorporation of

FIBSTAS PATRONALES DE CAMOAPA INC

	de Clad width the Cla	orde Dant of State)		
(Name of Corporation 25 curren		HINE DEPL OF SHALE)		
N11000009003 (Document Number of Corporation (if known)				
Pursuant to the provisions of section 617.1006, Florida Statute amendment(s) to its Articles of Incorporation:	s, this <i>Florida Not F</i>		e following	
A. If amending name, enter the new name of the corporati			. 23	
FIESTAS PATRONALES E HIPICAS DE CAMOAPA-MIA				
name must be distinguishable and contain the word "corpara "Company" or "Co." may not be used in the name.	tion" or "incorporat	ed" or the abbreviation "Corp.	or "Ina."	
B. Enter new principal office address, if applicable:			<u> </u>	
(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 a new registered agent and/or the new registered office a	e address in Florid ddress:	s, enter the name of the	**	
Name of New Registered Agent:				
New Registered Office Address:	.(Florida street address)	·	
TASH VER VILLE VAN STR.				
	(2)	FloridaFlorida		
	(City)	(Zip Code)		
New Registered Agent's Signature, if changing Registered I hereby accept the appointment as registered agent. I am fa		ot the obligations of the position	L	
	innature of New Pres	internal Agent if characters		

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 D V Mike John S SV Sally S	<u>ories</u>	
Type of Action (Check One)	<u>Title</u>	Name	Address
1) Change	∨ P	CINTHYA ARAGON	12940 SW 28TH CT
X Add			MIRAMAR, FL 33027
Remove			
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4)Change			
Add			
Remove			
5) Change			
Add			
Remove		•	•
i) Change			
Add			
Remove			
MENIDONG			

E. If amending or adding additional Art (attach additional sheets, if necessary).	(Be specific)		
		<u> </u>	
			
			",
			_ ·
	<u></u>		
			_

The	date of each amendment(s) adoption:	, if other than the
	this document was signed.	
Eff	ective date if applicable:	
	(no more than 90 days after amendment file date)	•
	in the date inserted in this block does not meet the applicable statutory filing requirements, this date wunent's effective date on the Department of State's records.	rill not be listed as the
Adç	option of Amendment(s) (CHECK ONE)	
	The amendment(s) was/were adopted by the members and the number of votes cast for the amendment(was/were sufficient for approval.	s)
□	There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors.	
	NOVEMBER 5, 2015 Dated	
	Signature Ampan Quarte	
	(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)	;
	AMPARO V DUARTE	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	