N11000011090

(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	
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Amend + Mc

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T. BROWN

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: Junta Civ	rico Militar C	ubana, Inc.
DOCUMENT NUMBER: N11000011	090	
The enclosed Articles of Amendment and fee are sub-	mitted for filing.	
Please return all correspondence concerning this matter		
Juan Bazail		
	(Name of Contact Person)
	(Firm/ Company)	
3530 Mystic Pointe Dr		
	(Address)	
Aventura FL 33180		
	(City/ State and Zip Code)
lope5210@hotma		otification)
For further information concerning this matter, please	•	,
Juan	_{at} 305	935 0429
(Name of Contact Person)	(Area Co	de & Daytime Telephone Number)
Enclosed is a check for the following amount made pa	yable to the Florida Depa	rtment of State:
\$35 Filing Fee \$\text{Certificate of Status}\$	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is Enclosed)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Amenda Division Clifton 2661 E:	Address ment Section n of Corporations Building xecutive Center Circle ssee, FL 32301

Articles of Amendment to Articles of Incorporation of



Juanta Civico Militar Cubana, Inc.	^
(Name of Corporation as currently filed with the Fl	orida Dept, of State)
N11000011090	
(Document Number of Corpo	ration (if known)
Pursuant to the provisions of section 617.1006, Florida Statut amendment(s) to its Articles of Incorporation:	tes, this Florida Not For Profit Corporation adopts the follow
A. If amending name, enter the new name of the corpora	tion:
Junta Civico Militar Cubana, Inc.	The r
name must be distinguishable and contain the word "corpord" (Company" or "Co." may not be used in the name.	ation" or "incorporated" or the abbreviation "Corp." or "Inc
B. Enter new principal office address, if applicable:	Juan Bazail
(Principal office address MUST BE A STREET ADDRESS	3530 Mystic Pointe Dr
	Aventura, FL 33180
C. Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
D. If amending the registered agent and/or registered offi	ice address in Florida. enter the name of the
new registered agent and/or the new registered office a	
Name of New Registered Agent:	
New Registered Office Address:	(Florida street address)
(City)	, Florida
` , ,	, <u>,</u>
New Registered Agent's Signature, if changing Registered	
I hereby accept the appointment as registered agent. I am fa	miliar with and accept the obligations of the position.

Page 1 of 4

Signature of New Registered Agent, if changing

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 <math>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	<u>PT</u> <u>V</u> <u>SV</u>	John Do Mike Jo Sally Sn	<u>nes</u>	
Type of Action (Check One)	<u>Title</u>		Name	Address
1) Change		_		
Add				
Remove				
2) Change		-		
Add				
Remove				
3) Change		_		
Add				
Remove				
4) Change				
Add		-		
Remove				
5) Change				
		-		
Add				
Remove				
6) Change		_		
Add				
Remove				

If amending or adding additional Ar attach additional sheets, if necessary).	(Be specific)			
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The date of each amendment(s) adoption: 8-8-20(2	
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 08/28/2012	
Signature July Date Care	
(By the chairman or vice chairman of) he 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)	
Juan Bazail	
(Typed or printed name of person signing)	
President	
(Title of person signing)	