

N12000002656

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

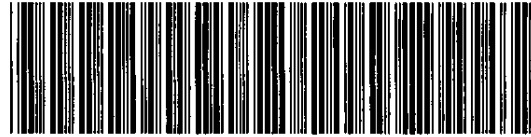
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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*Amend*  
*[Signature]*

*11-1512*

COVER LETTER

TO: Amendment Section  
Division of Corporations

NAME OF CORPORATION: Asociacion Exalumnas Escolapias Cubanas, Inc.

DOCUMENT NUMBER: N12000002656

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

Please return all correspondence concerning this matter to the following:

Lourdes P. Araoz

(Name of Contact Person)

n/a

(Firm/ Company)

PO Box 140813

(Address)

Coral Gables, Florida 33114

(City/ State and Zip Code)

~~lportalesaraoz@att.net~~ ESCOLAPIASMIAMI5@AOL.COM

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

For further information concerning this matter, please call:

Lourdes P. Araoz

(Name of Contact Person)

at ( 305 )

(Area Code & Daytime Telephone Number)

445-9832  
951-5032

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

Street Address

Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

October 11, 2012

LOURDES P. ARAOZ  
POST OFFICE 140813  
CORAL GABLES, FL 33114

SUBJECT: ASOCIACION EXALUMNAS ESCOLAPIAS CUBANAS, INC  
Ref. Number: N12000002656

We have received your document for ASOCIACION EXALUMNAS ESCOLAPIAS CUBANAS, INC and check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The date of adoption of each amendment must be included in the document.

Please check the appropriate box on the amendment form regarding the adoption of the amendment(s).

If the corporation is a **PROFIT** corporation it must be signed by a director, president or other officer - if directors or officers have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary.

If the corporation is a **NOT FOR PROFIT** corporation it must be signed 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.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

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

Sylvia Gilbert  
Regulatory Specialist II

Letter Number: 712A00025209

RECEIVED

12 NOV 15 AM 9:31

DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

Articles of Amendment  
to  
Articles of Incorporation  
of

Asociacion Exalumnas Escolapias Cubanas, Inc.

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

N12000002656

(Document Number of Corporation (if known))

FILED  
2012 NOV 15 PM 4:47  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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: \_\_\_\_\_

\_\_\_\_\_  
(Florida street address)

New Registered Office 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

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 checked="" type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	<u>VP</u>	<u>Norma L. Blanco</u>	<u>PO Box 140813</u> <u>Coral Gables, FI 33114</u>
2) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	<u>P</u>	<u>CARMEN R. PACHECO</u> <u><del>Carmina Pacheco</del></u>	<u>PO Box 140813</u> <u>Coral Gables, FI 33114</u>
3) <input type="checkbox"/> Change <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove	<u>T</u>	<u>Mercedes Z. Leira</u>	<u>PO Box 140813</u> <u>Coral Gables, FI 33114</u>
4) <input type="checkbox"/> Change <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove	<u>VT</u>	<u>Obdulina T. Lopez</u>	<u>PO Box 140813</u> <u>Coral Gables, FI 33114</u>
5) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>T</u>	<u>ISABEL R. BARO</u> <u><del>Isabel Baro</del></u>	<u>PO Box 140813</u> <u>Coral Gables, FI 33114</u>
6) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>VT</u>	<u>Clara Jomarron</u>	<u>PO Box 140813</u> <u>Coral Gables, FI 33114</u>

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

The date of each amendment(s) adoption: MARCH - 12 - 2012

Effective date if applicable: MARCH - 12 - 2012  
(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 MARCH - 12 - 2012

Signature Carmen R. Pacheco  
(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)

CARMEN R. PACHECO  
(Typed or printed name of person signing)

PRESIDENT  
(Title of person signing)