

NI2000006381

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

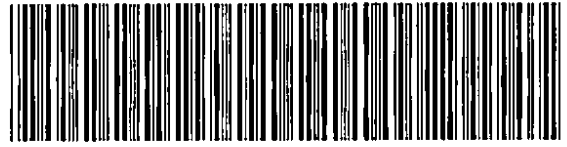
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2014 JUL 23 09:12

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FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 30, 2023

ERLIN Y GARCIA MAHECHA
34 OCEAN AVE
ST. AUGUSTINE, FL 32084

SUBJECT: INMACULADA CONCEPCION CORPORATION
Ref. Number: N12000006381

We have received your document for INMACULADA CONCEPCION CORPORATION and your check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a Florida Profit Corporation, but your entity is a Florida Non-profit Corporation. Please complete and return the enclosed blank form(s).

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.

Morgan E Lovett
Regulatory Specialist II

Letter Number: 123A00014821

123A00014821
JUN 30 2023
11 11



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 30, 2023

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34 OCEAN AVE.
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Morgan E. Lovett
Regulatory Specialist II

Letter Number: 123A00014821

RECEIVED
JUL 28 2023

SECRETARY OF STATE
TALLAHASSEE, FL

2023 JUL 28 AM 9:11

www.sunbiz.org

Division of Corporations • P.O. BOX 6927 • Tallahassee, Florida 32311

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: INMACULADA CONCEPCION CORPORATION

DOCUMENT NUMBER: N12000006381

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

Please return all correspondence concerning this matter to the following:

ERLIN Y. GARCIA MAHECHA

(Name of Contact Person)

INMACULADA CONCEPCION CORPORATION

(Firm/ Company)

34 OCEAN AVE

(Address)

ST. AUGUSTINE FL 32084

(City/ State and Zip Code)

FRPACCOUNTING@BELLSOUTH.NET

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

For further information concerning this matter, please call:

ERLIN Y. GARCIA MAHECHA

813

465-3839

at

(Name of Contact Person)

(Area Code)

(Daytime Telephone Number)

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

☐ \$35 Filing Fee

☐ \$43.75 Filing Fee &
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

Street Address

Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

2193 JUL 28 AM 9:12

ORIGINAL

Articles of Amendment
to
Articles of Incorporation
of

INMACULADA CONCEPCION CORPORATION

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

N12000006381

(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)

34 OCEAN AVE

ST. AUGUSTINE FL 32084

C. Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

34 OCEAN AVE

ST. AUGUSTINE FL 32084

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:

ERLIN Y. GARCIA MAHECHA

34 OCEAN AVE

(Florida street address)

New Registered Office Address:

ST AUGUSTINE

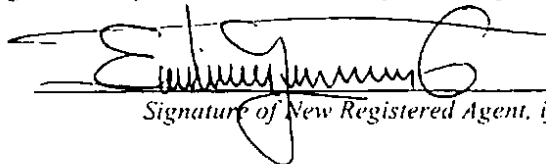
(City)

Florida 32084

(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

000000000000

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>P</u>	<u>FERNANDO OREJUELA</u>	<u>4286 MAHOGANY RIDGE DR</u> <u>WESTON FL 33331</u>
2) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>P</u>	<u>ERLIN Y. GARCIA MAHECHA</u>	<u>34 OCEAN AVE</u> <u>ST. AUGUSTINE FL 32084</u>
3) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>VP</u>	<u>GILBERTO AMORTEGUI PENA</u>	<u>34 OCEAN AVE</u> <u>ST AUGUSTINE FL 32084</u>
4) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>T</u>	<u>ISMAEL NAVARRO GANDIA</u>	<u>34 OCEAN AVE</u> <u>ST AUGUSTINE FL 32084</u>
5) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>S</u>	<u>CARLOS ANDRES GORDILLO</u>	<u>34 OCEAN AVE</u> <u>ST AUGUSTINE FL 32084</u>
6) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove			

F. If amending or adding additional Articles, enter change(s) here:

(attach additional sheets, if necessary). (Be specific)

7/23 JUL 28 AM 9:12
FILE

The date of each amendment(s) adoption: JULY 12, 2023, if other than the date this document was signed.

Effective date if applicable: JULY 12, 2023
(no more than 90 days after amendment file date)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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.

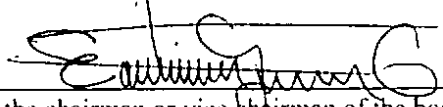
2023 JUL 28 AM 9:12
STATE OF NEW YORK

OFFICE OF THE
CLERK OF THE SENATE

☒ 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 JULY 12, 2023

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)

ERLIN Y. GARCIA MAHECHA

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)

2023 JUL 28 AM 9:12
DATE
FILE