# N12000000536

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### **COVER LETTER**

TO: Amendment Section . **Division of Corporations** HERMANDAD VENEZOLANA, INC NAME OF CORPORATION N12000006536 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: OSCAR GANEM (Name of Contact Person) HERMANDAD VENEZOLANA ,INC (Firm/ Company) 1500 WESTON RD. SUITE 200 (Address) WESTON FLORIDA 33326 (City/ State and Zip Code) ivanramos11@hotmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Ivan Ramos (Name of Contact Person) Enclosed is a check for the following amount made payable to the Florida Department of State: □ \$35 Filing Fee □\$43.75 Filing Fee & □\$43.75 Filing Fee & \$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy (Additional Copy is enclosed) 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

# HERMANDAD VENEZOLANA, INC

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

N 12000000000				_			
(Documen	t Number of Corpor	ation (if known)					
Pursuant to the provisions of section 617.1 amendment(s) to its Articles of Incorporat		es, this <i>Florida Not Fo</i>	r Profit Corporation adopts the	follow			
A. If amending name, enter the new na	me of the corporat	ion:					
		····		_The n			
name must be distinguishable and contain "Company" or "Co." may not be used in		tion" or "incorporated	l" or the abbreviation "Corp." o	or "Inc			
B. Enter new principal office address, i	f applicable:	1500 WESTON RD SUITE 200					
(Principal office address MUST BE A ST		WESTON FLORIDA 33326					
				_			
C. Enter new mailing address, if applic	cable:						
(Mailing address MAY BE A POST C				-			
				_			
D. If amending the registered agent and	d/or registered offi	co address in Florida	enter the name of the	-			
new registered agent and/or the new			enter the name of the				
Name of New Registered Agent:	OSCAR GA	ANEM					
	251 SOUTH	CYPRESS RD S	SUITE 127				
N. D. J. JOS. J.J.		(Florida street address)	<del></del>				
New Registered Office Address:	POMPANO	) BEVCH	33060				
	(City)	· · · · · · · · · · · · · · · · · · ·	, Florida 33060 (Zip Code)				
	(Cily)	•	(Zip Code)				
New Registered Agent's Signature, if cl I hereby accept the appointment as registe			the obligations of the position				
Thereby weeeps the appointment as regist	sieu ugeni. I um ju	тти тт ини иссері	the obligations of the position.				
Sia	nature of New Read	stered Agent, if changin	20				
5.8	The state of the s	Ju rigorn, y changi	'ò				

Page 1 of 4

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	V Mike	Doe e Jones y Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	<u>P</u>	JUAN CARLOS SANCHEZ	6278 N FEDERAL HWY
Add		-	SUITE 387
X Remove			FT LAUDERDALE FL. 33308
2) X Change	<u>P</u>	OSCAR GANEM	251 S. CYPRESS RD SUITE 127
Add			POMPANO BEACH FL 33060
Remove	\		
3) Change	<u>VP</u>	MAIGUALIDAD LANZETTA	12250 SW 50 Street
X Add			Cooper City FI 33330
Remove			
4) Change	<u>s</u>	IVAN RAMOS	100 SW 132 Way, Apt. 211,
X Add			Pembroke Pines, FL 33027
Remove			
<i>5)</i> Change	Τ	JOSE E MARTINEZ	100 SW 132 WAY, 211
X Add			PEMBROKE PINES, FL 33027
Remove			
6) Change	D	JOSE LUIS ARMAS	909 Garnet Circle
X Add			Weston FI.33326
Remove		Page 2 of 4	

(attaci	h addii	tional s	sheets,	if neces	sary).	(Be	enter char specific)		<u>-</u>						
ADD	X D	SA	NDRA	SANC	HEZ		100 SW	132 W	/AY, :	211. F	ЕМВІ	ROKE	E PIN	IES, F	L 3302
ADD	Х	D F	ELIX	OVAL	LE	4891	Hanco	ck Rd	., Sc	outh V	Vest	Ran	cche	es, Fl	, 333:
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The date of each amendment	(s) adoption: January 23rd., 2013
Effective date if applicable:	Juanuary 23rd, 2013
	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/w was/were sufficient for ap	ere adopted by the members and the number of votes cast for the amendment(s) proval.
☐ There are no members or adopted by the board of o	members entitled to vote on the amendment(s). The amendment(s) was/were lirectors.
O Dated Jan	uary 23rd ,2013
Signature	
have n	chairman or vice chairman of the board, president or other officer-if directors of been selected, by an incorporator — if in the hands of a receiver, trustee, or court appointed fiduciary by that fither in y
OSCAF	R GANEM
	(Typed or printed name of person signing)
PRFSII	DENT

(Title of person signing)