Division of Corporations
Electronic Filing Cover Sheet

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|         | Division of Co:    |  |                     |                         |
|         | Fax Number         | : (850)617-6380                          |                     |                         |
| From:   |                    |  |                     |                         |
|         | · Account Name     | : LAZARUS CORPORATE                      | FILING SERVICE, I   | NC.                     |
|         | Account Number     | : 120000000019                           |                     |                         |
|         | Phon <del>e</del>  | : (305)552-5973                          |                     |                         |
|         | fax Number         | : (305)220-1440                          |                     | هسد پر چ <del>اری</del> |
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| anr     | nual report mailin | gs. Enter only one en                    | mail address pleas  | e. 例2                   |
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Electronic Filing Menu

Corporate Filing Menu

Help

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| H13000034858 FILED   |
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| Articles of Amendment 13 FEB   |
| H 1 3 0 0 0 0 3 4 8 5 8  Articles of Amendment to Articles of Incorporation of TAHLAN ARY OF 2: 29   |
| A A A A A A A A A A A A A A A A A A A  |
| LA CONFEDERACION DE PROFESIONALES UNIVERSITARIOS CUBANOS PERPETAGOS CON (Name of Corporation as currently filed with the Florida Dept. of State)                                     |
| 1.110  |
| (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:  |
| CONFEDERACION DE PROFESIONALES UNIVERSITARIOS DE CULTA IMENZILE COM  |
| 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:   |
| , Florida  |
| (City) (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. |
| i northy we appointment as registered agont. I am jamittar with and accept the outsgations of the position.  |
| Signature of New Registered Agent, if changing   |

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## H13090934335

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.

| Examp<br>X Chi<br>X Rei<br>X Ad | nge<br>nove       | <u>v</u> .   | John Doo<br>Mike Jor<br>Sally Sm | nes         |         |
|---------------------------------|-------------------|--------------|----------------------------------|-------------|---------|
| Type o<br>(Check                | Action<br>One)    | <u>Title</u> |                                  | Name        | Address |
| 1)                              | Change Add Remove |              | -                                |             |         |
| <sup>2)</sup>                   | Change            |              | -                                |             |         |
| 3)                              | Remove Change     |              | <b>-</b>                         |             |         |
| 4)                              | Remove Change Add |              | -                                |             |         |
| 5)                              | Change Add        | <u></u>      |                                  |             |         |
| ი                               | Remove Change Add |              | -                                |             |         |
|                                 | Remove            |              |                                  | Page 2 of 4 |         |

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| e. <u>Ir</u> | amending or adding additional<br>such additional sheets, if necessa | ry). (Be specific)                      | ge(s) here:    | •                                      |              |
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| The date of each amendment(s) adopt                                | ion:   |
|--|--|
| Effective date if applicable;                                      |  |
| Effective date it applicable,                                      | (no more than 90 days after amendment file date)   |
| !  |  |
| Adoption of Amendment(s)   | (CHECK ONE)  |
| The amendment(s) was/were adopt was/were sufficient for approval.  | ed by the members and the number of votes cast for the amendment(s)  |
| There are no members or members adopted by the board of directors. | entitled to vote on the amendment(s). The amendment(s) was/were  |
| Dated FEBR   | YOBY   |
| (By the chairman<br>have not been s                                | nor vice chairman of the board, president or other officer-if directors elected, by an incorporator – if in the hands of a receiver, trustee, or binted fiduciary by that fiduciary) |
|  | Llanes-Mendez  |
| <u> </u>   | red or printed name of person signing)  PES(dent  ittle of person signing)   |