

NB000000569

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

(Business Entity Name)

(Document Number)

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Office Use Only



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04/15/13--01035--005 **43.75

Amend/NC

MAY 08 2013

R. WHITE

FILED
13 MAY -7 PM 4:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 23, 2013

CONTRERAS CRISTOBAL

3543 DAVIE BLVD
FORT LAUDERDALE, FL 33312 US

SUBJECT: COALICION DE ORGANIZACION LATINAS UNIDAS INC
Ref. Number: N13000000569

We have received your document for COALICION DE ORGANIZACION LATINAS UNIDAS INC and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

THE ABOVE ENTITY IS A FLORIDA NOT FOR PROFIT CORPORATION AND THE ARTICLES OF AMENDMENT SUBMITTED ARE FOR A PROFIT CORPORATION. PLEASE FIND ENCLOSED AND COMPLETE THE ARTICLES OF AMENDMENT FOR A FLORIDA NON PROFIT CORPORATION.

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.

Rebekah White
Regulatory Specialist

Letter Number: 613A00009809



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Division of Corporations

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Rebekah White
Regulatory Specialist

Letter Number: 613A00009809

RECEIVED
13 MAY - 7 AM 8:17
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: COALICION DE ORGANIZACIONES LATINAS UNIDAS INC

DOCUMENT NUMBER: N13000000569

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

Please return all correspondence concerning this matter to the following:

CRISTOBAL CONTRERAS

(Name of Contact Person)

COALICION DE ORGANIZACIONES LATINAS UNIDAS INC

(Firm/ Company)

43 NW 27 AVENUE

(Address)

MIAMI FL 33125

(City/ State and Zip Code)

HIS[ANICPS@GMAIL.COM

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

For further information concerning this matter, please call:

CRISTOBAL CONTRERAS at **954** **549-6874**

(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:

- | | | | |
|--|--|---|--|
| <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 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

Articles of Amendment
to
Articles of Incorporation
of

FILED

13 MAY -7 PM 4:20

COALICION DE ORGANIZACIONES LATINAS UNIDAS INC

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

N13000000569

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

(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:

COALICION DE ORGANIZACIONES LATINAS UNIDAS INC

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)

43 NW 27 AVENUE

MIAMI FL 33125

C. Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

43 NW 27 AVENUE

MIAMI FL 33125

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:

CONTRERAS, CRISTOBAL

3543 DAVIE BLVD

(Florida street address)

New Registered Office Address:

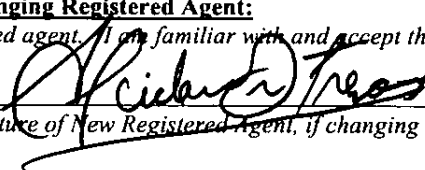
FORT LAUDERDALE, Florida 33312

(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.


Signature of New Registered Agent, if changing

Page 2 of 4

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

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

[illegible]

The date of each amendment(s) adoption: 4/29/2013

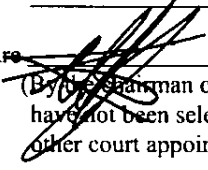
Effective date if applicable: 4/29/2013

(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 04/29/2013

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)

PACHECO, GUSTAVO

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)