

N1130000000993

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



100255549231

01/21/14--01022--007 **35.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
14 JAN 21 AM 10 07

Amend
@ 1.27.14

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: NATIONAL ASSOCIATION FOR THE ADVANCEMENT OF LATIN PEOPLE, INC.
Name of Corporation

DOCUMENT NUMBER: N 13 000 000 993

Please return all correspondence concerning this matter to the following:

SHEILA BAEZ

Name of Contact Person

Firm/Company

7350 FUTURES DRIVE SUITE 9

Address

ORLANDO, FLORIDA 32819

City/State and Zip Code

SHEILADANETBAEZ@YAHOO.COM

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

For further information concerning this matter, please call:

SHEILA BAEZ

Name of Contact Person

at (407) 248-8523

Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

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

NATIONAL ASSOCIATION FOR THE ADVANCEMENT OF LATIN PEOPLE, INC.

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

N13 000 000 993

(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:

N/A 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)

7350 FUTURES DRIVE SUITE 9
Orlando, Florida 32819

C. Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)

7350 FUTURES DRIVE SUITE 9
Orlando, Florida 32819

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:

Sheila Báez

7350 FUTURES DRIVE SUITE 9

(Florida street address)

New Registered Office Address:

Orlando

(City)

, Florida

32819

(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]
Signature of New Registered Agent, if changing

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
14 JAN 21 PM 01

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>

Type of Action
(Check One)

Title

Name

Address

- | | | | |
|--|-----------|--------------------------|---|
| 1) <input type="checkbox"/> Change
<input type="checkbox"/> Add
<input checked="" type="checkbox"/> Remove | <u>TD</u> | <u>David Chico</u> | <u>7635 AHSLEY PARK COURT</u>
<u>SUITE 503-E</u>
<u>Orlando, FL 32835</u> |
| 2) <input type="checkbox"/> Change
<input type="checkbox"/> Add
<input checked="" type="checkbox"/> Remove | <u>D</u> | <u>Janeth Piedrahita</u> | <u>7635 AHSLEY PARK COURT</u>
<u># 503-E</u>
<u>Orlando, FL 32835</u> |
| 3) <input type="checkbox"/> Change
<input checked="" type="checkbox"/> Add
<input type="checkbox"/> Remove | <u>TD</u> | <u>Sheila Baer</u> | <u>7350 Futures Drive</u>
<u>Suite 9</u>
<u>Orlando, FL 32819</u> |
| 4) <input type="checkbox"/> Change
<input checked="" type="checkbox"/> Add
<input type="checkbox"/> Remove | <u>D</u> | <u>Edgar W. Adams</u> | <u>7350 Future Drive</u>
<u>Suite 9</u>
<u>Orlando, FL 32819</u> |
| 5) <input type="checkbox"/> Change
<input type="checkbox"/> Add
<input type="checkbox"/> Remove | _____ | _____ | _____

_____ |
| 6) <input type="checkbox"/> Change
<input type="checkbox"/> Add
<input type="checkbox"/> Remove | _____ | _____ | _____

_____ |

E. If amending or adding additional Articles, enter change(s) here:
(attach additional sheets, if necessary). (Be specific)

U/A

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

Effective date if applicable: N/A
(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

JANUARY 14, 2014

Signature

[Handwritten 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)

Gerald R. Pastore

(Typed or printed name of person signing)

PD

(Title of person signing)