## 11300000/073





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## COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION:	ncial Puertoplat	eños USA, Florida, Inc.					
DOCUMENT NUMBER: N1300001073							
The enclosed Articles of Amendment and fee are submitted for filing.							
Please return all correspondence concerning this matter	er to the following:						
Fatimo Garcia	·						
	(Name of Contact Person	)					
	(Firm/ Company)						
8228 NE 8 CT.							
	(Address)						
Miami, Fl 33138		,					
	(City/ State and Zip Code	e)					
fatimo1948@gma							
E-mail address: (to be used For further information concerning this matter, please	·	notification)					
Fatimo Garcia	at ( 305	4902020					
(Name of Contact Person)	· (Area Co	ode & Daytime Telephone Number)					
Enclosed is a check for the following amount made pa	yable to the Florida Depa	rtment of State:					
☐ \$35 Filing Fee	□\$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 Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301						

## Articles of Amendment to Articles of Incorporation

## COMITE PROVINCIAL PUERTLATENOS USA FLORIDA, INC.

(Name of Corporation as currently N13000001073	y filed with the Flo	orida Dept. of State)	
(Docu	ment Number of C	orporation (if known)	
Pursuant to the provisions of section 617.1 imendment(s) to its Articles of Incorporation		es, this Florida Not For Profit Corporation adopts t	the following
A. If amending name, enter the new name	me of the corporat	tion:	
Comite Provincial Puertor	olateños US	SA, Florida, Inc.	The new
name must be distinguishable and contain 'Company" or "Co." may not be used in		ntion" or "incorporated" or the abbreviation "Corp	
B. Enter new principal office address, i Principal office address <u>MUST BE A ST</u>		N/A	
C. Enter new mailing address, if applic		N/A	<del></del>
	l/or registered offi	ice address in Florida, enter the name of the address:	14 MAR 10
Name of New Registered Agent:	N/A		
New Registered Office Address:		(Florida street address)	: <b>47</b>
	N/A	. Florida	
	(City)		ode)
New Registered Agent's Signature, if ch hereby accept the appointment as registe		1 Agent: amiliar with and accept the obligations of the position	) <b>n</b> .
<del></del>	Signature of New	Registered Agent, if changing	

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	date of each amendment this document was signed		, if other than the
Effective date if applicable:		03/04/2014	
	<del></del>	(no more than 90 days after amendment file date)	
Ado	option of Amendment(s)	(CHECK ONE)	
	The amendment(s) was/w was/were sufficient for ap	were adopted by the members and the number of votes cast for the amendment(s) opproval.	
	There are no members or adopted by the board of o	members entitled to vote on the amendment(s). The amendment(s) was/were directors.	
	Dated 03/	04/2014	
	Signature	Val.	
	(By the	e chairman or vice chairman of the board, president or other officer-if directors not been selected, by an incorporator – if in the hands of a receiver, trustee, or court appointed fiduciary by that fiduciary)	···
	Fatimo	Garcia	
		(Typed or printed name of person signing)	
	Preside	ent	
		(Title of person signing)	