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Office Use Only

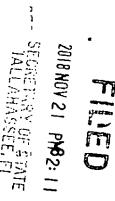


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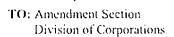
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And

R. WHITE NOV 2 6 2018



COVER LETTER



P.O. Box 6327 Tallahassee, FL 32314

| NAME OF CORPOR | RATION: Tierra Nueva Orlai | ndo | | |
|--|---|--|--|--|
| DOCUMENT NUME | BER: N13000002239 | | | |
| The enclosed Articles | of Amendment and fee are su | bmitted for filing. | | |
| Please return all corres | pondence concerning this ma | tter to the following: | | |
| | Gustavo Torres | | | |
| | | Name of Contact Persor | | |
| CPA Gustavo Torres Decos. PA | | | | |
| | | Firm/ Company | | |
| | 7 N Vernon Ave | | | |
| | | Address | | |
| | Kissimmee, Fl 34741 | | | |
| | | City/ State and Zip Code | } | |
| glarre | s@cpatorres.com | | | |
| | - . | sed for future annual report | notification | |
| | | | , | |
| For further information | n concerning this matter, pleas | se cali: | | |
| Gustavo Torres | | 21,7407 | 913-9611 | |
| Name (| of Contact Person | Area Coo | 913-9611 de & Daytime Telephone Number | |
| Enclosed is a check for | r the following amount made | | | |
| S35 Filing Fee | □\$43.75 Filing Fee & Certificate of Status | □\$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 | | Amend Divisio | Address ment Section n of Corporations Building | |

2661 Executive Center Circle Tallahassee, FL 32301



November 1, 2018

GUSTAVO TORRES 7 N VERNON AVE KISSIMMEE, FL 34741

SUBJECT: TIERRA NUEVA ORLANDO INC.

Ref. Number: N13000002239

We have received your document for TIERRA NUEVA ORLANDO INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document you submitted has been prepared pursuant to profit statutes (chapter 607, Florida Statutes). As the entity was originally filed as a nonprofit corporation, this document should be filed pursuant to chapter 617, Florida Statutes.

We are enclosing the proper form(s) with instructions for your convenience.

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.

Letter Number: 418A00022607

Rebekah White Regulatory Specialist II

www.sunbiz.org

COVER LETTER

TO: Amendment Section Division of Corporations

| NAME OF CORPORATION: Tierra Nueva Orlando, Inc. |
|--|
| DOCUMENT NUMBER: N130000 2239 |
| The enclosed Articles of Amendment and tee are submitted for filing. |
| Please return all correspondence concerning this matter to the following: |
| Gustavo Torres |
| (Name of Contact Person) |
| CPA Gustava Tarres Decos, PA |
| (Firm/ Company) |
| 7 N. Vernon Ave, |
| (Address) |
| Kissimmee # 34741 (City/ State and Zip Code) |
| (City/ State and Zip Code) |
| E-mail address: (to be used for future annual report notification) |
| E-mail address: (to be used for future annual report notification) |
| For further information concerning this matter, please call: |
| (Name of Contact Person) at 407 - 913 - 9611 (Area Code) (Daytime Telephone Number) |
| (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: |
| S35 Filing Fee Certificate of Status Certified Copy (Additional copy is enclosed) Certified Copy (Additional Copy is Enclosed) Certified Copy (Additional Copy is Enclosed) |
| Mailing Address Street Address |

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation

FILED

2018 NOV 21 PM 2: 10

Tiella Nueva Orlando Inc.

(Name of Corporation as currently filed with the Florida Dept. of State RY U. STATE

IALLANASSEE, FL.

(Document Number of Corporation (if known)

axisions of section 617 1006. Florida Statutes, this Florida Not For Profit Corporation adopts the following

| | corporation: | |
|---|--|--|
| | <u> </u> | The nev |
| ame must be distinguishable and contain the word Compuny" or "Co." may not be used in the name | | or the abbreviation "Corp." or "Inc." |
| B. Enter new principal office address, if applical Principal office address <u>MUST BE A STREET A</u> | | |
| | | |
| Enter new mailing address, if applicable: (Mailing address <u>MAY BE A POST OFFICE</u>) | <u>BOX</u>) | |
| | | |
|). If amending the registered agent and/or regis new registered agent and/or the new register | stered office address in Florida, e red office address: | nter the name of the |
| | | |
| Name of New Registered Agent: | | |
| | | |
| | ·Flo | ula street address) |
| <u>Name of New Registered Agent</u> : | ·Flo | |
| <u>Name of New Registered Agent</u> : | ·Flo | rda street address) |
| <u>Name of New Registered Agent:</u> <u>New Registered Office Address:</u> New Registered Agent's Signature, if changing be | (Flo (City) Registered Agent: | oda strect address) Florida (Zip Code) |
| Name of New Registered Agent: | (Flo (City) Registered Agent: | nda street address) , Florida (Zip Code) |

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 = ChiefExecutive 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 | <u>PT</u> <u>V</u> <u>SV</u> | John Doe Mike Jones Sally Smith | |
|----------------------------------|------------------------------------|---------------------------------------|--|
| Type of Action (Check One) | Title | <u>Name</u> | <u>Addres</u> s |
| 1) Change Add Remove | | Juan C. Ayala | 10G09 S Orange Blossom Trail Orlando, 71 32837 |
| 2) Change Add Remove | | _ | |
| 3) Change Add Remove | | | |
| 4) Change Add | | | |
| Remove 5) Change Add | | | |
| Remove 6) Change Add Remove | | | |

| . <u>If amending or ad</u> (attach additional s | heets, if necessary). | (Be specific) | <u></u> | • | | | |
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| The date of each am | endment(s) ado | option: | , if other than the |
|--|---------------------------------------|--|---------------------|
| date this document w | as signed. | | |
| Effective date <u>if app</u> | licable: | | |
| | | (no more than 90 days after amendment file date) | |
| Note: If the date inso document's effective | erted in this bloc date on the Dep | ck does not meet the applicable statutory filing requirements, this date will no partment of State's records. | ot be listed as the |
| Adoption of Amend | ment(s) | (CHECK ONE) | |
| ☐ The amendment was/were suffici | | dopted by the members and the number of votes cast for the amendment(s) al. | |
| There are no me adopted by the l | | bers entitled to vote on the amendment(s). The amendment(s) was/were ors. | |
| Dated | 11/7 | 12018 | |
| Signati | ire | Mary Co | |
| | have not bee | man or vice chairman of the board, president or other officer-if directors en selected, by an incorporator – if in the hands of a receiver, trustee, or appointed fiduciary by that fiduciary) | |
| | | Gustavo Torres | |
| | | (Typed or printed name of person signing) | |
| | | Incorporator | |
| | | (Title of person signing) | |