

N130000010161

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

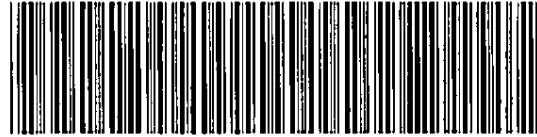
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18 SEP 25 PM 3:38

SECOND JUDICIAL CIRCUIT  
TALLAHASSEE, FLORIDA

SEP 25 2018

S. YOUNG



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

August 15, 2018

MARK A GOMEZ  
ENCUENTROS JUVENILES, INC  
9121 NW 152ND STREET  
MIAMI LAKES, FL 33018

SUBJECT: ENCUENTROS JUVENILES, INC.  
Ref. Number: N13000010161

We have received your document for ENCUENTROS JUVENILES, 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 must be signed by the chairman, any vice chairman of the board of directors, its president, or another of its officers.

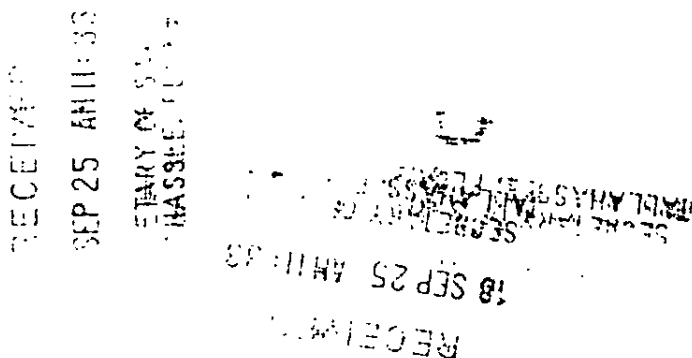
The name and title of the person signing the document must be noted beneath or opposite the signature.

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.

Shelia H Young  
Regulatory Specialist II

Letter Number: 218A00016882



**COVER LETTER**

TO: Amendment Section  
Division of Corporations

NAME OF CORPORATION: ENCUNTROS JUVENILES, INC. \_\_\_\_\_

DOCUMENT NUMBER: N13000010161 \_\_\_\_\_

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

Please return all correspondence concerning this matter to the following:

MARK A. GOMEZ

\_\_\_\_\_  
(Name of Contact Person)

ENCUNTROS JUVENILES, INC.

\_\_\_\_\_  
(Firm/ Company)

9121 NW 152ND ST

\_\_\_\_\_  
(Address)

MIAMI LAKES, FL 33018

\_\_\_\_\_  
(City/ State and Zip Code)

encuentros.juveniles@theadom.org

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

For further information concerning this matter, please call:

MARK A. GOMEZ

305

338-2661

at

\_\_\_\_\_  
(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:

☒ \$35 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  
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

ENCUENTROS JUVENILES, INC.

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

N13000010161

(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)

N/A

C. Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

9121 NW 152ND ST, MIAMI LAKES, FL 33018

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

N/A

New Registered Office Address:

(Florida street address)

(City)

Florida

(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

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18 SEP 25 PM 3:39  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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>

<u>Type of Action</u> (Check One)	<u>Title</u>	<u>Name</u>	<u>Address</u>
1) <input type="checkbox"/> Change	<u>C</u>	<u>GARCIA, REBECCA</u>	<u>9401 BISCAYNE BLVD</u>
<input type="checkbox"/> Add			<u>MIAMI SHORES, FL 33138</u>
<input checked="" type="checkbox"/> Remove			
2) <input type="checkbox"/> Change	<u>VC</u>	<u>CRISTOBAL, CARLOS</u>	<u>9401 BISCAYNE BLVD</u>
<input type="checkbox"/> Add			<u>MIAMI SHORES, FL 33138</u>
<input checked="" type="checkbox"/> Remove			
3) <input type="checkbox"/> Change	<u>TD</u>	<u>SAN JOSE, CARLOS</u>	<u>9401 BISCAYNE BLVD</u>
<input type="checkbox"/> Add			<u>MIAMI SHORES, FL 33138</u>
<input checked="" type="checkbox"/> Remove			
4) <input type="checkbox"/> Change	<u>Treasure</u>	<u>SAN JOSE, CARLOS</u>	<u>9401 BISCAYNE BLVD</u>
<input type="checkbox"/> Add			<u>MIAMI SHORES, FL 33138</u>
<input checked="" type="checkbox"/> Remove			
5) <input type="checkbox"/> Change	<u>VC</u>	<u>CRISTOBAL, CARLOS</u>	<u>9401 BISCAYNE BLVD</u>
<input type="checkbox"/> Add			<u>MIAMI SHORES, FL 33138</u>
<input checked="" type="checkbox"/> Remove			
6) <input type="checkbox"/> Change	<u>P</u>	<u>MARK A. GOMEZ</u>	<u>9401 BISCAYNE BLVD</u>
<input checked="" type="checkbox"/> Add			<u>MIAMI SHORES, FL 33138</u>
<input type="checkbox"/> Remove			

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

N/A

The date of each amendment(s) adoption: 9/19/18, if other than the date this document was signed.

Effective date if applicable: \_\_\_\_\_  
(no more than 90 days after amendment file date)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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 9/19/18

Signature

Mark A. Gomez  
(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)

Mark A. Gomez

(Typed or printed name of person signing)

President

(Title of person signing)