N 13000010235

(Requ	estor's Name)		
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(City/s	State/Zip/Phone	#)	
PICK-UP	☐ WAIT	MAIL	
(Busin	ness Entity Name	e)	
(Document Number)			
Certified Copies	Certificates o	of Status	
Special Instructions to Fi	ling Officer:		

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SECRETARY OF STATE

C. GOLDEN
JUN 2 7 2018

COVER LETTER

TO: Amendment Section Division of Corporations

EMPRESARIAS CONECTADAS INC. NAME OF CORPORATION: _ N13000010225 DOCUMENT NUMBER: _ The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: AIDA M, GARCIA (Name of Contact Person) EMPRESARIAS CONECTADAS (Firm/ Company) 7900 OAK LANE SUIT 400 (Address) MIAMI LAKES FL 33016 (City/ State and Zip Code) EMPRESARIASCONECTADAS@GMAIL.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: 305-742-8179 AIDA M GARCIA (Area Code) (Daytime Telephone Number) (Name of Contact Person) Enclosed is a check for the following amount made payable to the Florida Department of State: □\$43.75 Filing Fee & □\$43.75 Filing Fee & \$35 Filing Fee □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is Enclosed) Mailing Address Street Address Amendment Section Amendment Section Division of Corporations Division of Corporations P.O. Box 6327 Clifton Building Tallahassee, FL 32314 2661 Executive Center Circle

Note: By MiskKe I sent before the wrong form for Mi non-profit. The

Tallahassee, FL 32301



June 12, 2018

AIDA M. GARCIA 7900 OAK LANE SUITE 400 MIAMI LAKES, FL 33016

SUBJECT: EMPRESARIAS CONECTADAS INC.

Ref. Number: N13000010225

We have received your document and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The document must be signed by the chairman, any vice chairman of the board of directors, its president, or another of its officers.

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.

Claretha Golden Regulatory Specialist II

www.sunbiz.org

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Letter Number: 718A00012175



May 31, 2018

AIDA GARCIA 7900 OAK LANE SUIT 400 MIAMI·LAKES, FL 33016

SUBJECT: EMPRESARIAS CONECTADAS INC.

Ref. Number: N13000010225

We have received your document and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(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: 618A00011259

Claretha Golden Regulatory Specialist II

www.sunbiz.org

Articles of Amendment to Articles of Incorporation of

FILED

EMPRESARIAS CONECTADAS INC.

2018 JUN 25 PH 12: 04

(Name of Corporation as current N13000010225	tly filed with the Florida Dept. of State)	SECRETARY OF STATE TALLAHASSEE, FLORID
(Document Number	er of Corporation (if known)	
Pursuant to the provisions of section 617.1006, Florida Statute amendment(s) to its Articles of Incorporation:	s, this Florida Not For Profit Corporation	adopts the following
A. If amending name, enter the new name of the corporation	on:	
		The new
name must be distinguishable and contain the word "corporat" "Company" or "Co." may not be used in the name.	ion" or "incorporated" or the abbreviation	n "Corp." or "Inc."
B. Enter new principal office address, if applicable:	7900 OAK LANE, SUIT 400	
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	MIAMI LAKES, FL, 33016	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	7900 OAK LANE SUIT 400	
in a series of the series of t	MIAMI LAKES FL 33016	
		· ·
D. If amending the registered agent and/or registered offic		<u>he</u>
new registered agent and/or the new registered office a	udress:	
Name of New Registered Agent:		
	(Florida street address)	
New Registered Office Address:		
	, Flori	da v <i>Code)</i>
	(City) (Zi _l	v Code)
New Registered Agent's Signature, if changing Registered I hereby accept the appointment as registered agent. I am fail		e position.
Si	gnature of New Registered Agent, if chang	ing

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: X Change X Remove X Add	<u>V</u> <u>N</u>	ohn Doe like Jones ally Smith			
Type of Action (Check One)	<u>Title</u>	<u>Name</u>		<u>Addres</u> s	
1) Change					
Add					
Remove					
2) Change					
Add					,
Remove					
3) Change					
Add					
Remove					**
Kemove					
4) Change				 	
Add				<u></u> .	
Remove					
5) Change					
Add					
Remove					
6) Change					
Add					
Remove					

E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific)						
AMENDING ADDRESS OF MARICELA RODRIGUEZ: 7777 NW 201 TE HIALEAH, FL, 33015						
- · · · · · · · · · · · · · · · · · · ·						

	06/14/2018	
	e date of each amendment(s) adoption:	if other than the
	06/14/2018	
Effe	ective date <u>if applicable</u> :	
	(no more than 90 days after amendment file date)	
	te: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be I nument's effective date on the Department of State's records.	isted as the
Ado	option of Amendment(s) (<u>CHECK ONE</u>)	
	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.	
	06/14/2018 Dated	
	Signature Danforf.	
	(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)	
	AIDA M. GARCIA	
	(Typed or printed name of person signing)	
	DIRECTOR	
	(Title of person signing)	