

N/3000010644**Florida Department of State****Division of Corporations
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**COR AMND/RESTATE/CORRECT OR O/D RESIGN
UNION DE ESCRITORES Y ARTISTAS DE CUBA EN EL EXILIO**

Certificate of Status	0
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October 16, 2014

FLORIDA DEPARTMENT OF STATE

Division of Corporations

UNION DE ESCRITORES Y ARTISTAS DE CUBA EN EL EXILIO COR
1645 SW 83 CT
MIAMI, FL 33155

SUBJECT: UNION DE ESCRITORES Y ARTISTAS DE CUBA EN EL EXILIO CORP
REF: N13000010644

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

Please check the appropriate box on the amendment form regarding the adoption of the amendment(s).

If you have any questions concerning the filing of your document, please call (850) 245-6838.

Cheryl R McNair
Regulatory Specialist II

FAX Aud. #: H14000241871
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RECEIVED
14 OCT 17 PM 4:47
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

2ND REQUEST

P.O BOX 6327 - Tallahassee, Florida 32314

FILED
14 OCT 17 PM 1:53
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

H14000241871

Articles of Amendment
to
Articles of Incorporation
of

UNION DE ESCRITORES Y ARTISTAS DE CUBA EN EL
(Name of Corporation as currently filed with the Florida Dept. of State)

EXILIO CORP N13000010644
(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:

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)

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

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: _____

(Florida street address)

New Registered Office 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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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	PT	John Doe
<input checked="" type="checkbox"/> Remove	V	Mike Jones
<input checked="" type="checkbox"/> Add	SV	Sally Smith

Type of Action
(Check One)

Title

Name

Address

1) ☐ Change

☐ Add

☒ Remove

ANA MARIA PERERA

2) ☐ Change

☐ Add

☒ Remove

GLENDIA FERNANDEZ

3) ☐ Change

☒ Add

☐ Remove

VP JESUS MANUEL BROWN

4) ☐ Change

☒ Add

☐ Remove

P DAYAMI HERNANDEZ

5) ☐ Change

☐ Add

☐ Remove

6) ☐ Change

☐ Add

☐ Remove

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

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STATE
FLORIDA
ST. JOSEPH
TALLAHASSEE

U. 4060241879

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The date of each amendment(s) adoption: 10-15-14, if other than the date this document was signed.

Effective date if applicable: _____
(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 _____

Signature [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)

MERIDA PEREZ

(Typed or printed name of person signing)

SECRETARY

(Title of person signing)

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TALLAHASSEE, FLORIDA

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