## N14000010237

(Re	equestor's Name)						
(Ad	dress)						
(Ad	dress)						
(Cit	ry/State/Zip/Phon	e #)					
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(Bu	siness Entity Nar	me)					
(Document Number)							
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## **COVER LETTER**

**TO:** Amendment Section<sup>s,</sup> Division of Corporations

**Division of Corporations** 

Tallahassee, FL 32314

P.O. Box 6327

NAME OF CORPORATION:U.N.O. UN NUI	EVO ORDEN INC		
N14000010237			
DOCUMENT NUMBER:			
The enclosed Articles of Amendment and fee are	submitted for filing.		
Please return all correspondence concerning this r	matter to the following:		
ANIBAL ESPINOSA			
	(Name of Contact Perso	n)	_
U.N.O. UN NUEVO ORDEN INC			
	(Firm/ Company)		_
2003 VISION DRIVE			
	(Address)		
PALM BEACH GARDEN, FL 33418			
	(City/ State and Zip Cod	e)	
IVONGALLO@GMAIL.COM			
E-mail address: (to be	used for future annual report	notification)	
For further information concerning this matter, ple	ease call:		
	at		
(Name of Contact Pe	rson) (A	rea Code) (Daytime Telephone Number)	_
Enclosed is a check for the following amount mad	le payable to the Florida Depa	artment of State:	
\$35 Filing Fee  \$43.75 Filing Fee Certificate of Star		□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is Enclosed)	
Mailing Address Amendment Section		Address Iment Section	

**Division of Corporations** 

Tallahassee, FL 32301

Clifton Building 2661 Executive Center Circle

## Articles of Amendment to Articles of Incorporation of

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

U.N.O. UN NUEVO ORDEN INC		15 JUN 22 PM 4:
(Name of Corporation as	currently filed with the Flo	rida Dept. of State)
N14000010237		
(Document	Number of Corporation (if I	nown)
Pursuant to the provisions of section 617.1006, Florida mendment(s) to its Articles of Incorporation:	Statutes, this <i>Florida Not Fo</i>	or Profit Corporation adopts the following
. If amending name, enter the new name of the cor	poration:	
		The new
ame must be distinguishable and contain the word "co Company" or "Co." may not be used in the name.	prporation" or "incorporate	d" or the abbreviation "Corp." or "Inc."
3. Enter new principal office address, if applicable: Principal office address MUST BE A STREET ADDI	RESS)	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX	0	
. If amending the registered agent and/or registere new registered agent and/or the new registered o		enter the name of the
	ince address.	
<u>Name of New Registered Agent:</u>		,
	(F	orida street address)
New Registered Office Address:		
		, Florida
	(City)	(Zip Code)
ew Registered Agent's Signature, if changing Registereby accept the appointment as registered agent. I	tered Agent: am familiar with and accept	the obligations of the position.
	Signature of New Regist	ered Agent, if changing

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 <math>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: XChange X Remove A Add	PT John D V Mike J SV Sally S	<u>ones</u>	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change	SEC	ANA C BRICENO	876 SAVANNAH FALLS DR
Add			WWESTON, FL 33327
X Remove			
2) Change	<del></del>		
Add			
Remove			
3 ) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

If amending or adding additional Art attach additional sheets, if necessary).	(Be specific)				
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The	date of each ame	ndment(s) adopti	on:	4/30/15			, if other than the
date	this document was	signed.	4/30/	15	SE Divis	FIL GRETAR ION OF C	
LIN	terive date <u>ii appir</u>		(no more ti	han 90 days after amen	dment file date) 15 .	JUN 22	PM 4: 05
	e: If the date insert ument's effective date				filing requirements, this date	will not	be listed as the
Ada	option of Amendm	ent(s)	(CHECK	ONE)			
8	The amendment(s was/were sufficier	•	d by the men	ibers and the number o	f votes cast for the amendmen	t(s)	
	There are no mem adopted by the bo		entitled to vo	te on the amendment(s)	. The amendment(s) was/were	e	
	Dated	04/30/2015					
	Signature			Muinun		_	
		have not been se	lected, by an		dent or other officer-if directo hands of a receiver, trustee, o		
		ANA C BRIC	CENO				
			(T	yped or printed name o	f person signing)	_	
		SECRETARY	<i>(</i>				
				(Title of perso	n signing)	_	