N1500000154

	 	
(Requ	uestor's Name)	
(Addı	ress)	
(Addı	ess)	
(City/	State/Zip/Phone	e #)
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PICK-UP	☐ WAIT	MAIL
_	_	
(Busi	ness Entity Nar	ne)
(Doci	ument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to Fi	ling Officer:	,

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SECRETARY OF STATE

FEB 0 8 2016

C. CARROTHERS



FLORIDA DEPARTMENT OF STATE Division of Corporations

January 12, 2016

JOHNNY MATTHEW 1399 NW 17TH AVE #308 MIAMI, FL 33125

SUBJECT: ASSOCIATION OF OCOENOS RESIDING IN FLORIDA, INC

Ref. Number: N15000000154

We have received your document for ASSOCIATION OF OCOENOS RESIDING IN FLORIDA, INC. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

There is a balance due of \$35.00. Refer to the attached fee schedule for a breakdown of the fees. Please return a copy of this letter to ensure your money is properly credited.

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.

Cathy A Carrothers Regulatory Specialist

Letter Number: 016A00000743

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COVER LETTER

' TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: ASSOCIA	TION OF OCOENOS RESIDING IN FLORIDA, INC
DOCUMENT NUMBER: N150000015	54.
The enclosed Articles of Amendment and fe	ee are submitted for filing.
Please return all correspondence concerning	this matter to the following:
JOHNNY MATTHEW	
	of Contact Person)
MATTHEW & ESTRELLA	
. (Fir	m/ Company)
1399 NW 17TH AVE #308	3
	(Address)
MIAMI FLORIDA 33125	•
(City/ St	tate and Zip Code)
For further information concerning this matter	er, please call:
MR MATTHEW	at (786) 488/1157
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount	t:
\$35 Filing Fee \$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & S52.50 Filing Fee Certified Copy Certificate of Status (Additional copy is enclosed) Certified Copy (Additional Copy is enclosed)
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



January 12, 2016

JOHNNY MATTHEW 1399 NW 17TH AVE #308 MIAMI, FL 33125

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Letter Number: 016A00000743

Cathy A Carrothers Regulatory Specialist

www.sunbiz.org

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: ASSOCIAT	ION OF OCOENOS RESIDING IN FLORIDA, INC
DOCUMENT NUMBER: N1500000154	4.
The enclosed Articles of Amendment and fee	are submitted for filing.
Please return all correspondence concerning t	his matter to the following:
JOHNNY MATTHEW	
(Name of	f Contact Person)
MATTHEW & ESTRELLA	
(Firm	n/ Company)
1399 NW 17TH AVE #308	
	Address)
MIAMI FLORIDA 33125	17. (2.12)
For further information concerning this matter	r, please call:
MR MATTHEW	at (786) 488/1157
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:	
\$35 Filing Fee \$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & □\$52.50 Filing Fee Certified Copy Certificate of Status
Mailing Address	(Additional copy is Certified Copy enclosed) (Additional Copy
Mailing Address Amendment Section	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
	Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

ASSOCIATION OF OCOENOS RESIDING IN FLORIDA, INC.

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

	N1500000154	
	(Document number of corporation (if known)	
<u>NE</u>	EW CORPORATE NAME (if changing):	
	ust contain the word "corporation," "incorporated," or the abbreviation "corp." or "inc." or words of like import in guage; "Company" or "Co." may not be used in the name of a not for profit corporation)	
	MENDMENTS ADOPTED- (OTHER THAN NAME CHANGE) Indicate Article umber(s) and/or Article Title(s) being amended, added or deleted: (BE SPECIFIC)	
Ar	ngel Aguasvivas Added-President: 230 NW 87th Ave. Miami, Fl. 33172	
Alt	tagracia Chala-Deleted: 5316 NW 187th St. Miami, FI 22056	
Ma	anuel Gonzalez Added- Secretar y: 176 NW 73 AvenueApt. 102, Hialeah FJ 33015	fory P
So	onia Tejeda-Added. 2684 Miramar EL 33029 Mull Peld Till	J
Na	uncy Gonzalez Aguasvivas Added: 230 NW 87th Apt. I-218 Miami, FI 33172	vivas
Mig	guel Gonzalez: 7418 NW 200 St. Hialeah, Fl. 33015	
) <u>Ju</u> l	ilissa Perez: 1153 NW 123 Ct. Miami, Florida 33182 Allusa Joule	
) <u>Ju</u>	lan Roa 13400 SW 52th St. Miami, Florida 33172	
Lo	ourdes Gonzalez: 3536 NW Espona AVe. City of Doral, Fl. 33176 Reference	Sopry
) <u>N</u> e	elson Ramirez: 1950 North Ocean Dr. Hollywood, Florida <i>Helmo Rac</i>	in
AR	RTICLE-V- INITIAL OFFICERS/OR DIRECTORS	5

The date of adoption of the amendment(s) was: 09/27/2015				
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 case for the amendment was sufficient for approval.				
There are no members or members entitled to vote on the amendment. The amendment(s) was (were) adopted by the board of directors.				
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.)				
JULISSA PEREZ				
(Typed or printed name of person signing)				
DIRECTOR				
(Title of person signing)				

FILING FEE: \$35