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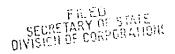
COVER LETTER

TO: Amendment Section

Division of Corporations Asociacion De Empleados Latino Americanos Corporation NAME OF CORPORATION: N15000002092 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: IZAIAS DASILVA (Name of Contact Person) (Firm/ Company) 319 SIBERT RD #3 (Address) DESTIN, FLORIDA, 32541 (City/ State and Zip Code) IZAIASD2000@GMAIL.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: IZAIAS DASILVA (Name of Contact Person) Enclosed is a check for the following amount made payable to the Florida Department of State: ■ \$35 Filing Fee □\$43.75 Filing Fee & □\$43.75 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

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of



ASOCIACION DE EMPLEADOS LATINO AMERICANOS INCORPORATED 15 MAR 20 PM 12: 53

(Name of Corporation as currently filed with the Florida Dept. of State)
N15000002092
(Document Number of Corporation (if known)
Pursuant to the provisions of section 617.1006, Florida Statutes, this <i>Florida Not For Profit Corporation</i> adopts the follow amendment(s) to its Articles of Incorporation:
A. If amending name, enter the new name of the corporation:
The R
name must be distinguishable and contain the word "corporation" or "incorporated" or the abbreviation "Corp," or "Inc " <mark>Company" or "Co." may not be used in the name</mark> .
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:
, Florida
(City) (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

Page 1 of 4

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.

X Change X Remove X Add	<u>V</u> <u>Mik</u>	n Doe e Jones y Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
Change Add Remove	<u>VP</u>	DEMETRIO SANDES	807 PINE ST DESTIN, FLORIDA 32541
2) Change X Add Remove	<u>VP</u>	JAIME HEVIA Y VACA	5634 CULVER ST DALLAS, TEXAS 75223
3) Change Add Remove			
4) Change Add			
Remove 5) Change Add			
Remove 6) Change Add Remove			

utach additional sheets, if	ditional Articles, necessary). (Be	specific)					
							
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The date of each amendment(s) adoption:date this document was signed. Effective date if applicable:	3 - 17 - 15 o more than 90 days after amenda	SECALTARY OF CORPORATIONS ON ISLAND OF CORPORATIONS ment file gale) IR 20 PM 12: 53	, if other than the
Adoption of Amendment(s) (<u>C</u>	CHECK ONE)		
The amendment(s) was/were adopted by was/were sufficient for approval.	the members and the number of v	votes cast for the amendment(s)	
There are no members or members entitle adopted by the board of directors.	\int	The amendment(s) was/were	
Dated 3-17- a	2015)	
Signature	- HAN	<u></u>	
	ice chairman of the board, preside		
	d, by an incorporator – if in the h I fiduciary by that fiduciary)	ands of a receiver, trustee, or	
(Typed o	or printed name of person signing)	
	(Title of person signing)		

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