

(Re	equestor's Name)			
(Ac	ldress)			
(Ac	dress)			
(Ci	ty/State/Zip/Phone	> #)		
PICK-UP	☐ WAIT	MAIL		
(Bu	isiness Entity Nan	ne)		
(Document Number)				
Certified Copies	_ Certificates	of Status		
Special Instructions to	Filing Officer:			
:				

Office Use Only



700278297647

10/21/15--01010--013 **35.00

GCT 21 FH 2: 10

OCT 21 2015

R. WHITE

COVER LETTER

TO: Amendment Section ', Division of Corporations

NAME OF CORPORATION:	Lupus, Inc.		
N15000009002			
DOCUMENT NUMBER:			
The enclosed Articles of Amendment and fee are	submitted for filing.		
Please return all correspondence concerning this r	natter to the following:		
Leslie Ann Rodriguez			
	(Name of Contact I	Person)	
Guerrilleros de Lupus, Inc.	•		•
	(Firm/ Compar	ıy)	
3002 Senna Ct.			
	(Address)		
Orlando, FL 32826			
	(City/ State and Zip	Code)	
leanrodrig@aol.com			
E-mail address: (to be	used for future annual re	port notification)
For further information concerning this matter, pla	ease call:		
Leslie Ann Rodriguez	а	407 t	375-1638
(Name of Contact Pe		(Area Code)	(Daytime Telephone Number)
Enclosed is a check for the following amount mad	le payable to the Florida	Department of S	State:
■ \$35 Filing Fee □\$43.75 Filing Fee Certificate of Star	_	Certifi is Certifi	Filing Fec cate of Status ed Copy ional Copy is sed)
Mailing Address Amendment Section		treet Address mendment Secti	on

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

Guerrileros de Lupus		15 007 21 02 0.10
(Name of Corporation as of	currently filed with the Fl	
N15000009002		INCOME SERVICE.
(Document	Number of Corporation (if	known)
Pursuant to the provisions of section 617.1006, Florida amendment(s) to its Articles of Incorporation:	Statutes, this Florida Not 1	For Profit Corporation adopts the following
A. If amending name, enter the new name of the cor	poration:	
Guerrilleros Contra el Lupus, Inc.		The nov
name must be distinguishable and contain the word "co "Company" or "Co." may not be used in the name.	orporation" or "incorporat	The new led" or the abbreviation "Corp." or "Inc."
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	RESS)	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX	0	
D. If amending the registered agent and/or registere new registered agent and/or the new registered of		a, enter the name of the
Name of New Registered Agent:		
	٠.	-
New Registered Office Address:	. (Florida street address)
	,,,	, Florida
	(Ciṭṣʾ)	(Zip Code)
New Registered Agent's Signature, if changing Regis I hereby accept the appointment as registered agent. I	stered Agent: am familiar with and accep	ot the obligations of the position.
	Signature of New Regi	istered 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 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>PT</u> <u>V</u> <u>SV</u>	John Doc Mike Jones Sally Smith		
Type of Action (Check One)	Title	<u>Name</u>		Address
1) Change				
Add				
Remove				
2) Change				
Add		•		
Remove				
3)Change		-		
Add				
Remove				
4) Change			·	
Add				
Remove				
5) Change		<u> </u>		
Add				
Remove				
6) Change				
Add		· ·		
Remove				

attach additional .	dding additional sheets, if necessar	יי). (Be spec	ific)					
•		, ,	<i>y</i>					
	•							
								
			•					
								
 -								
								
								
	•							
		•						
	<u> </u>							
			_					
						·		
								
		•						
	<u></u>							
			 ,					
			 .					
 ,		··			-			

Tha c	date of each amend	ment(s) adoption:, if other than the
date t	this document was s	gned.
Effec	tive date <u>if applica</u>	
		(no more than 90 days after amendment file date)
		I in this block does not meet the applicable statutory filing requirements, this date will not be listed as the on the Department of State's records.
Adop	otion of Amendmer	t(s) (<u>CHECK ONE</u>)
	The amendment(s) was/were sufficient	vas/were adopted by the members and the number of votes cast for the amendment(s) for approval.
	There are no membe adopted by the boar	ers or members entitled to vote on the amendment(s). The amendment(s) was/were d of directors.
	Dated	10/15/15
	Signature _	$\mathcal{N}_{\mathcal{L}}$
	Ì	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)
		Leslie Ann Rodriguez
		(Typed or printed name of person signing)
		President
		(Title of person signing)