# N150000009783

(Requestor's Name)
(Address)
(Address)
(City/\$tate/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



800302285818

08/11/17--01015--001 \*\*35.00



Mame Ch 8

AUG 17 2017

I ALBRITTON

#### **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPORATION: HER MANOS UNIDOS CATOLICOS INC
DOCUMENT NUMBER: <u>V 1500009783</u>
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
QuillERMO SANCHEZ
(Name of Contact Person)
HERMANDS UNIDOS CATOLICOS INC
4006 247H St SW
(Address)
LEHIGH ACRES FL 33976
(City/ State and Zip Code)
Do LEIN 102 @ Hotmille Li Com
For further information concerning this matter, please call:
Guil/ERMO SANCHEZ as 239 281-4598
(Name of Contact Person) (Area Code) (Daytime Telephone Number)
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 enclosed) (Additional Copy is Enclosed)

#### **Mailing Address**

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, FI. 32301

#### · Articles of Amendment to

## Articles of Incorporation of

HER MA NOS UNI	DOS /	Atalic	us inc
(Name of Corporation as cui	rently filed with th	ng Florida Dept, of Stat	te)
11 150 0000 47	83		_
(Document N	umber of Corporation	on (if known)	
Pursuant to the provisions of section 617,1006, Florida Sta amendment(s) to its Articles of Incorporation:	atutes, this <i>Florida</i> i	Not For Profit Corporat	tion adopts the following
A. If amending name, enter the new name of the corpo		DOS 12	1/ (*
name must be distinguishable and contain the word "corp" "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 ADDRE	100 LEH	6 24 M	CRES FL
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	<u> </u>	7 + 6	THE THE
D. If amending the registered agent and/or registered new registered agent and/or the new registered office Name of New Registered Agent:		lorida, enter the name	of the
- The state of the	<del>-</del>		
New Registered Office Address:		(Florida street address)	
<del></del>		, F	lorida
	(City)		(Zip Code)
New Registered Agent's Signature, if changing Registe I hereby accept the appointment as registered agent. I am		accept the obligations o	f the position.
	Signature of New	Registered Agent, if che	anging

### 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 Add		<del> </del>	
Remove 6) Change Add			
Remove		Pop. 2 of 4	

ttach additional sheets, if necessary).	(Be specific)			
· <del></del>				
				<del></del>
	<del></del> .			
			-	
		<del></del>		
				<del> </del>
			· <del></del>	<u> </u>
· · · · · · · · · · · · · · · · · · ·	<del></del>			
	<del></del>	<del></del>		
	<u> </u>	<del></del>	<del></del>	<del></del>
		<del></del>		
				-

The dat	te of each amendment(s) ado	ption:	if other than the
late this	s document was signed.		
Effectiv	ve date <u>if applicable</u> :		
		(no more than 90 days after amendment file date)	
	f the date inserted in this block nt's effective date on the Depa	k does not meet the applicable statutory filing requirements, this date will no artment of State's records.	t be listed as the
Adoptic	on of Amendment(s)	(CHECK ONE)	
☑ Th wa	e amendment(s) was/were ado s/were sufficient for approval.	pted by the members and the number of votes cast for the amendment(s)	
	ere are no members or membe opted by the board of director	rs entitled to vote on the amendment(s). The amendment(s) was/were s.	
	Dated <u>98</u> -	08-2017	
	Signature	Mrug Jos	
	have not been	nan or vice chairman of the board president or other officer-if directors is selected, by an incorporator – if in the hands of a receiver, trustee, or pointed fiduciary by that fiduciary)	
	Ga	(Typed or printed name of person signing)	ICHEZ
	_	(Title of person signing)	