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(Re	questor's Name)		
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SECRETARY OF STATI

18 0CT 29 PM 1:

And

R. WHITE NOV 0 5 2018

#### **SW COVER LETTER**

Division of Corporations NAME OF CORPORATION: HERMA DOCUMENT NUMBER: \_ The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: (Firm/ Company) For further information concerning this matter, please call:

TO: Amendment Section

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 Certificate of Status Certified Copy (Additional copy is Certified Copy 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, FL 32301

## Articles of Amendment

FILED Articles of Incorporation

of

2018 OCT 29 PM 1:30

	28 INC. SECRETARY DE STATE
(Name of Corporation as current)	ly filed with the Florida <b>Dént Lot State</b> SEE, FL
(Document Number	r of Corporation (if known)
Pursuant to the provisions of section 617,1006, Florida Statutes amendment(s) to its Articles of Incorporation:	this Florida Not For Profit Corporation adopts the following
A. If amending name, enter the new name of the corporation	on:
name must be distinguishable and contain the word "corporate "Company" or "Co," may not be used in the name.	on" or "incorporated" or the abbreviation "Corp." or "Inc."
B. Enter new principal office address, if applicable:	2908 //TH st Sw
(Principal office address <u>MUST BE A STREET ADDRESS</u> )	LEHIGH ACRES
	FL 33976
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A
D. If amending the registered agent and/or registered offic	e address in Florida, enter the name of the
new registered agent and/or the new registered office ac	
Name of New Registered Agent: PA	TRICIA ARELLANO
New Registered Office Address:	(Florida street address)
LEA!	GH A CRES Florida 33 976. (City) (Zip Code)
New Registered Agent's Signature, if changing Registered I hereby accept the appointment as registered agent. I am fagi	
Si	gnature of New Registered 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	PT John D V Mike J		
X Add	SV Sally S		
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
i) Change	5_	GuillERMORSANCH	Z 800/ AllAMANDACI
Add Remove			LE 141 (214
2) Change	<u>VP</u>	RITA HERNANDE	4006 24 ST SW LEHIGH ACRES
Add  Remove	0		FL 33976.
3 ) Change	P F	LORDE MARIA FLORES	LEHIGH ACRES
Add Remove			FL 33 93 6
4) Change	1	MARIA GUTIERRESC	/
Add Remove			FLORI da, 33971
5) Change	<u>P</u> 1	PATRICIA AREILANO	2908 11 THSTSW
AddRemove		/	LEHIGH ACRES
6)Change	<u>S</u> _	Luis ME DINA	10383 CANAL BROOK LN
Add Remove			FL 33936
Kemove		Page 2 of 5	

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:

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Example:  X Change X Remove X Add	PT John D V Mike J SV Sally S	<u>ones</u>	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1)ChangeAddRemove	VP	ANGEL RAMOS	114 ANDROS ST LEHIGH ACRES FL 33936
2) Change Add Remove	<u>T</u>	NOHEMI GARCI	4 5342 CENTENIAL R. LEHIGH ACRES FL 33971
3 ) Change Add Remove			
4) Change Add Remove			
5) Change Add Remove			
6) Change Add Remove			

attach additional s	ding additional Ar heets, if necessary).	(Be specific)				
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The date of each amendment(s) adop	tion:	, if other than the
late this document was signed.		
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	
Note: If the date inserted in this block document's effective date on the Depart	does not meet the applicable statutory filing requirements, this date will nument of State's records.	ot be listed as the
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
The amendment(s) was/were adop was/were sufficient for approval.	sted by the members and the number of votes cast for the amendment(s)	
There are no members or member adopted by the board of directors.	s entitled to vote on the amendment(s). The amendment(s) was/were	
Dated 10-	17-2018	
Signature	Marine de	
(By the chairma have not been	on or vice chairman of the board, president or other officer-if directors selected, by an incorporator – if in the hands of a receiver, trustee, or pointed fiduciary by that fiduciary)	
<u>Ge</u>	illERMO SANCHEZ	
	(Typed or printed name of person signing)	
	GECRE TARY	

(Title of person signing)