

N15000010618

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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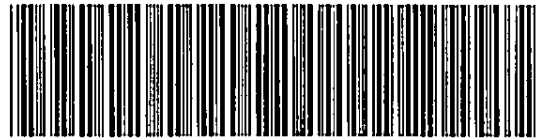
(Business Entity Name)

(Document Number)

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FILED  
2018 JAN 22 PM 2:09  
JAN 23 2018  
ALABAMA

Amend

JAN 23 2018  
ALABAMA

**COVER LETTER**

TO: Amendment Section  
Division of Corporations

NAME OF CORPORATION: Cultural & Social Club Amistad Inc

N15000010618

DOCUMENT NUMBER: \_\_\_\_\_

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

ESTHER FONTAO

(Name of Contact Person)

Cultural & Social Club Amistad Inc

(Firm/ Company)

571 SW 142ND AVENUE APT. 306

(Address)

PEMBROKE PINES, FLORIDA 33027

(City/ State and Zip Code)

efontao27@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ESTHER FONTAO

305

778 3440

at

(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:

- |  |  |  |  |
|--|--|--|--|
| <input type="checkbox"/> \$35 Filing Fee | <input checked="" type="checkbox"/> \$43.75 Filing Fee & Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed) | <input type="checkbox"/> \$52.50 Filing Fee Certificate of Status Certified Copy (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

17 FEB 13 PM 5:06



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

January 8, 2018

ESTHER FONTAO  
CULTURAL & SOCIAL CLUB AMISTAD INC.  
571 SW 142ND AVE - APT. 306  
PEMBROKE PINES, FL 33027

SUBJECT: CULTURAL & SOCIAL CLUB AMISTAD INC.  
Ref. Number: N15000010618

We have received your document for CULTURAL & SOCIAL CLUB AMISTAD INC.. However, the document has not been filed and is being returned for the following:

Per our conversation on 12/19/2017 I've been waiting on a replacement check for \$35.00 to file the enclosed amendment. However, since no check has been received to date, you can file the 2018 annual report to make the changes you wish to make. I'm also returning the \$70 check previously submitted.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Irene Albritton  
Regulatory Specialist II

Letter Number: 518A00000377

Articles of Amendment  
to  
Articles of Incorporation  
of

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

N15000010618

(Document Number of Corporation (if known))

Pursuant to the provisions of section 617.1006, Florida Statutes, this **Florida Not For Profit Corporation** adopts the following amendment(s) to its Articles of Incorporation:

**A. If amending name, enter the new name of the corporation:**

\_\_\_\_\_ The new  
name must be distinguishable and contain the word "corporation" or "incorporated" or the abbreviation "Corp." or "Inc."  
"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 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: ESTHER FONTAO  
571 SW 142ND STREET APT. # 306  
(Florida street address)

New Registered Office Address:  
PEMBROKE PINES FLA, Florida 33027  
(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

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:

<input checked="" type="checkbox"/> Change	<u>PT</u>	<u>John Doe</u>
<input checked="" type="checkbox"/> Remove	<u>V</u>	<u>Mike Jones</u>
<input checked="" type="checkbox"/> Add	<u>SV</u>	<u>Sally Smith</u>

<u>Type of Action</u> (Check One)	<u>Title</u>	<u>Name</u>	<u>Address</u>
1) <input type="checkbox"/> Change <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove		<u>MARTA L. CARRENO</u>	<u>1300 SW 130TH AVENUE</u> <u>APT. F405</u> <u>PEMBROKE PINES FL 33027</u>
2) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>PRESID</u>	<u>ESTHER FONTAO</u>	<u>571 SW 142ND STREET</u> <u>APT. 306</u> <u>PEMBROKE PINES 33027</u>
3) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>VICE-P</u> <u>ACT-SEC</u>	<u>ANA ELSA RIVERA</u>	<u>13255 SW 9 CT. G # 204</u> <u>PEMBROKE PINES FL 33027</u>
4) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>TREAS</u>	<u>NELLY GARCIA</u>	<u>1000 SW 128 TERRACE</u> <u>APT. V 106</u> <u>PEMBROKE PINES FL 33027</u>
5) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	<del><u>VICE P2</u></del>	<del><u>MARGARTIA LOUREIRO</u></del>	<del><u>1601 SW 128 Terr</u></del> <del><u>Apt A # 210</u></del> <del><u>PEMBROKE PINES, FL 33027</u></del>
6) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>SEC</u>	<u>OLGA CAPUANO</u>	<u>13705 SW 12 ST</u> <u>APT 109</u> <u>PEMBROKE PINES, FL 33027</u>

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

The date of each amendment(s) adoption: 12/12/17, if other than the date this document was signed.

Effective date if applicable: \_\_\_\_\_  
(no more than 90 days after amendment file date)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Adoption of Amendment(s) (CHECK ONE)

- ☐ The amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s) was/were sufficient for approval.
- ☒ There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors.

Dated 12/12/2017

Signature Esther Fontao  
(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)

ESTHER FONTAO

\_\_\_\_\_  
(Typed or printed name of person signing)

PRESIDENT Esther Fontao  
(Title of person signing)