N15000010689

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2022 MAR 30 AM 9: 28
SECRETARY SEE STATE

4 4/15/2022

COVER LETTER

TO: Amendment Section Division of Corporations

HERMANDAD DE	L SENOR DE LOS M	MILAGROS DE	E CAPE CORAL INC
. N15000010689 DOCUMENT NUMBER:			
The enclosed Articles of Amendment and fee are sub	mitted for filing.		
Please return all correspondence concerning this matt	er to the following:		
CESAR MEDINA			
	(Name of Contact Pe	erson)	
HERMANDAD DEL SENOR DE LOS MILAGROS	S DE CAPE CORAL I	NC	
	(Firm/ Company	')	
2100 JACARANDA PKWY W			
	(Address)		
CAPE CORAL, FL, 33993			
	(City/ State and Zip (Code)	
INFO@ACCOUNTANTCAPECORAL.COM			
E-mail address: (to be used	d for future annual rep	ort notification)
For further information concerning this matter, please	e call:		
CESAR MEDINA	at	239	699-7708
(Name of Contact Person		(Area Code)	(Daytime Telephone Number)
Enclosed is a check for the following amount made p	ayable to the Florida I	Department of !	State:
☐ \$35 Filing Fee ☐ \$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee of Certified Copy (Additional copy is enclosed)	Certifi Certifi	Filing Fee cate of Status ed Copy ional Copy is sed)
Mailing Address	Str	eet Address	

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

Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

FILED

HERMANDAD DEL SENOR DE LOS MILAGROS DE CAPE CORAL INC

2022 MAR 30 AM 9: 28

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

SECRE! - 1 OF STATE

N15000010689	TALLAHASSEE, FI
(Document Nu	mber of Corporation (if known)
Pursuant to the provisions of section 617.1006, Florida Sta amendment(s) to its Articles of Incorporation:	tutes, this Florida Not For Profit Corporation adopts the following
A. If amending name, enter the new name of the corpo	ration:
	The new oration" 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:	1616 SW 13TH STREET
(Principal office address MUST BE A STREET ADDRE:	SS:) CAPE CORAL, FL, 33991
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	1616 SW 13TH STREET
	CAPE CORAL, FL. 33991
D. If amending the registered agent and/or registered of new registered agent and/or the new registered offic	
RUDE	RTO E. RAMOS URIARTE
Name of New Registered Agent:	
1616.8	W 13TH STREET
New Registered Office Address:	(Florida street address)
CAPE	CORAL , Florida 33991
	(City) (Zip Code)
New Registered Agent's Signature, if changing Register I hereby accept the appointment as registered agent. I am	sed Agent: familiar with and Accept the obligations of the position.
	Signature of Novertee stered 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	PT John De V Mike Jo SV Sally Sr	<u>nes</u>	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change Add	VP	ANA LARENAS	2100 VACARANDA PKWY W CAPE CORAL, FL, 33993
· xx Remove			
2) Change Add	TR	LUIS PEREZ	2100 VACARANDA PKWY W CAPE CORAL, FL, 33993
xx Remove Change Add xx Remove	<u>P</u>	CESAR MEDINA	2100 VACARANDA PKWY W CAPE CORAL, FL, 33993
4) Change Add	<u>P</u>	RUPERTO E. RAMOS URIARTE	1616 SW 13TH ST CAPE CORAL, FL, 33991
Remove			
5) Change Add	VP	MARIA ALVARADO	1616 SW 13TH ST CAPE CORAL, FL, 33991
Remove			
6) Change Add	<u>TR</u>	JAIME ALVARADO	1616 SW 13TH ST CAPE CORAL, FL, 33991
Remove			
E. <u>If amending or addin</u> (attach additional shee		cles, enter change(s) here: (Be specific)	
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The date of each amendment	t(e) adaptions	03/12/2022	ie a a a
date this document was signed	(3) acoption. -	,	if other than the
Effective date if applicable:	03/12/2022		
	(ni	o more than 90 days after amendment file date)	
Note: If the date inserted in the document's effective date on the	nis block does i he Department	not meet the applicable statutory filing requirements, this date will not be t of State's records.	listed as the
Adoption of Amendment(s)	(J	CHECK ONE)	
The amendment(s) was/w was/were sufficient for ap	vere adopted by	y the members and the number of votes east for the amendment(s)	

Dated	03/18/2022
Dated	
Signature	
	(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)
	CEG LD LIEBULI
	CESAR MEDINA
	(Typed or printed name of person signing)