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## **COVER LETTER**

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TO: Amendment Section Division of Corporations

> P.O. Box 6327 Tallahassee, FL 32314

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NAME OF CORPORATION: Edificando elante Fluyen los suemos Inc
DOCUMENT NUMBER: <u>1600000</u> 869
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Jency Fernandez (Name of Contact Person)
Edificando Darte Fluyen los sue Dos Inc. (Firm/Company)
3011 NW 95 St, Hlam 1 FL 33147 (Address)
(City/ State and Zip Code)
Artista femosa 10 @ Yahoo. com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Jency Fernándes at 386-335-3502 (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  \$\bigcup \\$43.75 Filing Fee & \bigcup \\$43.75 Filing Fee & \bigcup \\$52.50 Filing Fee \\ Certificate of Status
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of

Poincendo el arte flui	yen has sue DOD I	NC.
(Name of Corporation as curren	tily filed with the Florida Dept. of State)	
N 16000000 860	7	
(Document Numb	ber of Corporation (if known)	
Pursuant to the provisions of section 617.1006, Florida Statut amendment(s) to its Articles of Incorporation:	es, this Florida Not For Profit Corporation	adopts the following
A. If amending name, enter the new name of the corporat	tion:	3
	•	· The new
name must be distinguishable and contain the word "corpora "Company" or "Co," may not be used in the name.	ttion" or "incorporated" or the abbreviation	i "Corp " or "!nc."
B. Enter new principal office address, if applicable:	4160 W.16 Ave	·
(Principal office address <u>MUST BE A STREET ADDRESS</u>		
	33012	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	4160 W 16 Are HOOS Haleah	2016 14
	FL 33012	
D. If amending the registered agent and/or registered offinew registered agent and/or the new registered office a		ıı.
Name of New Registered Agent:		27 5
New Registered Office Address:	(Florida street add es:)	
	(City), Floric	3 o Code)
New Registered Agent's Signature, if changing Registered		
I hereby accept the appointment as registered agent. I am fa	umiliar with and afcept the obligations of the	: position.
J. S	Signature of New Registered Agent, if changi	ng

Page 1 of 4

## 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>V</u> <u>Mi</u>	nn Doe ke Jones lly Smith	·
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change Add Remove	<u></u>	Fernándo Lopez	590 SE 2 St Haleah F 33010
2) Change Add			
Remove 3) Change Add			
Remove 4) Change Add		· .	
Remove  5) Change			
Add			
6) Change Add Remove			

E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific)				
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The date	this document was signed.	, if other than the
Effe	(no more than 90 days after amendment file date)	*****
	e: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will nument's effective date on the Department of State's records.	ot be listed as the
Ado	option 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.	
	Signature X PW CV  (By the chairman or vive 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)	
	(Typed or printed name of person signing)	
	Registered Agent (Title of person signing)	