N16000003588

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone #)	
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C. GOLDEN Mar 1 5 2019

COVER LETTER

TO: Amendment Section Division of Corporations

UNIDOS EN AM NAME OF CORPORATION:	OR KEY LARGO IN	NC	
N16000003588 DOCUMENT NUMBER:			
The enclosed Articles of Amendment and fee are sul	omitted for filing.		
Please return all correspondence concerning this mat	ter to the following:		
AURA M DIAZ			
	(Name of Contact Pe	rson)	
UNIDOS EN AMOR KEY LARGO INC			
	(Firm/ Company	·)	
112 GUMBO LIMBO DR			
	(Address)	.	,
KEY LARGO FL 33037			
	(City/ State and Zip (Code)	
diazaura25@gmail.com			
E-mail address: (to be use	ed for future annual rep	ort notification	n)
For further information concerning this matter, pleas	e call:		
AURA M DIAZ	at	305	684-7085
(Name of Contact Perso		(Area Code)	(Daytime Telephone Number)
Enclosed is a check for the following amount made p	payable to the Florida D	Department of S	State:
☐ \$35 Filing Fee	-	Certifi Certifi	D Filing Fee leate of Status led Copy lional Copy is used)
Mailing Address		eet Address	
Amendment Section Division of Corporations		endment Secti vision of Corpe	

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

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

FILED

UNIDOS EN AMOR KEY LARGO INC

2019 HAR -4 PM 5: 45

(Name of Corporation as curren	tly filed with the Florida Dept.	. of State)	
N16000003588		1 LANGE	
(Document Numb	er of Corporation (if known)		
Pursuant to the provisions of section 617.1006, Florida Statute amendment(s) to its Articles of Incorporation:	es, this Florida Not For Profit C	Corporation adopts the following	
A. If amending name, enter the new name of the corporati	on:		
MINISTERIO UNIDOS EN AMOR KEY LARGO INC		The new	
name must be distinguishable and contain the word "corporat" "Company" or "Co." may not be used in the name.	tion" or "incorporated" or the c		
B. Enter new principal office address, if applicable:	230 HOMESTEAD AVE		
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	<u>SS</u>) KEY LARGO FL 33037		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	112 GUMBO LIMBO DR		
	KEY LARGO FL 33037		
D. If amending the registered agent and/or registered office new registered agent and/or the new registered office a		name of the	
Name of New Registered Agent:			
	(Florida street	address)	
New Registered Office Address:			
		, Florida	
	(City)	(Zip Code)	
New Registered Agent's Signature, if changing Registered I hereby accept the appointment as registered agent. I am far		ations 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: X Change X Remove X Add	PT John D V Mike Je SV Sally S	ones	
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			
Remove 6) Change Add			
Remove			

attach additional sheets, if necessary).	(Be specific)					
						
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		FEBRUARY 21, 2019	
	date of each amendmen		, if other than the
	this document was signed ctive date <u>if applicable</u> :	FEBRUARY 21, 2019	
	unt unt it uppneusie.	(no more than 90 days after amendment file date)	
		his block does not meet the applicable statutory filing requirements, this date will no the Department of State's records.	ot be listed as the
\d oj	ption of Amendment(s)	(<u>CHECK ONE</u>)	
<i>,</i> ,	The amendment(s) was/was/were sufficient for a	vere adopted by the members and the number of votes cast for the amendment(s) pproval.	
	There are no members or adopted by the board of	r members entitled to vote on the amendment(s). The amendment(s) was/were directors.	
	Dated	02/21/19	
	Signature	Other Control of the	
	(By the	e chairman or vice chairman of the board, president or other officer-if directors not been selected, by an incorporator – if in the hands of a receiver, trustee, or court appointed fiduciary by that fiduciary)	
	AL	JRA M DIAZ	
		(Typed or printed name of person signing)	
	PF	RESIDENT	
		(Title of person signing)	