

N160000004271

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

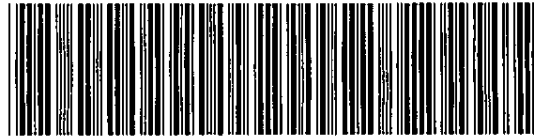
(Business Entity Name)

(Document Number)

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MAY 16 2016

C. CARROthers

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2016 MAY 12 AM 1:00

FILED



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 4, 2016

ROD RAMIREZ
REM MULTISERVICES
PO BOX 263172
TAMPA, FL 33685

SUBJECT: MINISTERIO DE RESTAURACION EN LOS MANOS DEL
ALFARERO, INC
Ref. Number: N16000004271

We have received your document for MINISTERIO DE RESTAURACION EN LOS MANOS DEL ALFARERO, INC and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

A SIGNATURE IS REQUIRED ON PAGE 4 OF 4

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

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

Cathy A Carrothers
Regulatory Specialist

Letter Number: 116A00009296

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Ministerio de Restauracion en las manos del
Alfarero Inc
DOCUMENT NUMBER: N 160000004271

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

Please return all correspondence concerning this matter to the following:

% Rod Ramirez (in behalf of Jose Segarra)
(Name of Contact Person)

Rem Multiservices

(Firm/ Company)

PO BOX 263172

(Address)

Tampa, FL 33685

(City/ State and Zip Code)

remmultiservicios@gmail.com

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

For further information concerning this matter, please call:

Rod Ramirez

(Name of Contact Person)

at 813 8104881

(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 type="checkbox"/> \$43.75 Filing Fee &
Certificate of Status | <input checked="" 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

Articles of Amendment
to
Articles of Incorporation
of

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

N 1600000 4271

(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:

Ministerio de Restauracion en ^{(This is a correction (one letter))} ~~la~~ ^{las} manos del Alfarero Inc. ^{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. ^{instead of o, an a!}

B. Enter new principal office address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

N/A

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 office address in Florida, enter the name of the new registered agent and/or the new registered office address:

Name of New Registered Agent:

N/A

(Florida street address)

New Registered Office Address:

(City)

, Florida

(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.

N/A

Signature of New Registered Agent, if changing

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2016 MAY 12 AM 1:00

FILED

E. If amending or adding additional Articles, enter change(s) here:
(attach additional sheets, if necessary). (Be specific)

N/A

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

Effective date if applicable: April 30, 2016
(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.

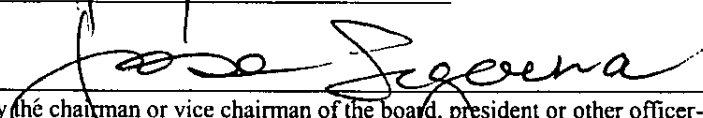
Adoption of Amendment(s) (CHECK ONE)

- ☒ 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

04/20/2016

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)

Jose Segarra
(Typed or printed name of person signing)

President / Sig. Agent / Mgr.
(Title of person signing)