111000005851

(Re	questor's Name)	
——(Ad	dress)	
(Ad	dress)	·-·-
(Cit	y/State/Zip/Phone	e #)
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(Bu	siness Entity Nar	ne)
(Do	cument Number)	
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COVER LETTER

TO: Amendment Section

Division of Corporations
NAME OF CORPORATION: Club Hipico Mexico - Americano Inc.
DOCUMENT NUMBER: <i>N_16.00000.5851</i>
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Francisco Javier Jimenez (Name of Contact Person)
Club Hipico Mexico - Americano Inc. (Firm/ Company)
29415 5W 197 Ave (Address)
Homestead F1. 33030 (City/ State and Zip Code)
Matinche 72 a) a mail . com E-intall address: (to boused for future annual report notification)
For further information concerning this matter, please call:
T-cancisco J Simenez at 786 236-7188 (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 Certificate of Status Certified Copy (Additional copy is enclosed) \$35 Filing Fee Certificate of Status Certificate of Status Certified Copy (Additional Copy is Enclosed)
Mailing Address Amendment Section Street Address Amendment Section
Division of Corporations Division of Corporations
P.O. Box 6327 Clifton Building
Tallahassee FL 32314 2661 Evecutive Center Circle

Tallahassee, FL 32301

Articles of Amendment

16 NOV -7 PM 2: 1.9

Artic	of	10 NUV = / FIT 2: 43
Club Hipico Mexi		10 TATA CONTRACTOR
(Name of Corporation as curr	ently filed with the Florida	<u>a Dept. of State</u>)
N16000005851		
(Document Nu	mber of Corporation (if know	vn)
Pursuant to the provisions of section 617.1006, Florida Statamendment(s) to its Articles of Incorporation:	utes, this Florida Not For P	rofit Corporation adopts the following
A. If amending name, enter the new name of the corpor	ation:	
		The new
name must be distinguishable and contain the word "corpo "Company" or "Co." may not be used in the name.	ration" or "incorporated" o	or the abbreviation "Corp." or "Inc."
B. Enter new principal office address, if applicable:	29415 54) 197 Ave
(Principal office address <u>MUST BE A STREET ADDRES</u>	(S) Homestea	d F1 33030
C. Enter new mailing address, if applicable:	00415 5	(1) 167 N a
(Mailing address <u>MAY BE A POST OFFICE BOX</u>)	19475	W 197 Ave J F1 33030
	Homestead	d PI 33030
D. <u>If amending the registered agent and/or registered o</u>	ffing address in Florida on	tor the name of the
new registered agent and/or the new registered office		the name of the
Name of New Registered Agent:	rancisco J	Dimenez
	19415 5W	197 Ave
New Registered Office Address:	(Florid	la street address)
		22424
_ <i></i>	omes tead	, Florida <u>33030</u> (Zip Code)
	(City)	(zip code)
New Registered Agent's <u>Signature, if changing Register</u> I hereby accept the appointment as registered agent. I am		abligations of the position
riereby accept the appointment as registered agent. Tum	jaminar wim and accept the	toonguions of the position.
_	AMMMIII	
	Signature of New Registere	d Agent, if changing
	V	

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	V Mike	Doe 2 Jones 2 Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
I) Change Add Remove	PΤ	RODRIGO BUENO	HOMESTERD FL 33030
2) X Change		Francisco J Sime	ACZ
Add	0	Mare E. T.	29415 5W 197 Ave Homestead Ft 33030
3) Change Add Remove	V-P	Maria E Jimenez	29415 5W 147 Ave Homestead F1 33030
4) Change X _ Add	5_	Javier Jimenez	29415 5W 197 Ave Homestead Fl 33030
Remove 5) Change Add	5_	Francisco Shimabulko	190 NW 9 st 37 Homestead Ft 33030
Remove 6) Change Add	5_	Henry Castro	190 NW 9 51 5T Homestead @139030
Remove			

amending or adding additional Artitach additional sheets, if necessary).	(Be specific)
	·
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	NAMES (N. 1864) - 1

The date of each amendment(s) adoption:	, 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 document's effective date on the Department of State's records.	ot be listed as the
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	
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)	
2 Loonigo Bueno (Typed or printed name of person signing)	
(Typed or printed name of person signing)	
x PREGIDENT	
(Title of person signing)	