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	Division of Cor	porations	(A) (A)
	Fax Number	: (850)617-6380	一門祭 医
From:			
	Account Name	: LAZARUS CORPORATE FILING SERVICE, INC.	- 13 · U
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**Ent	er the email addr	ess for this business entity to be used for futu	ıre
	annual report ma	ilings. Enter only one email address please.**	S TALLE
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LAZARUE CORFORATE

PAGE 01/01

1 1762	
Articles of Amendment	
Articles of Incorporation	
Union Femenil Boutista De America Latina	Line
Nume of Corporation as correctly filed with the Florida Dept. of State)	IM
NIG000007394	
(Document Number of Corporation (if known)	
Pursuant to the provisions of section 612.1006. Florida Statutes, this Florida Not For Profit Corporation adopts the following amendment(s) to its Articles of Incorporation:	
A. If amending pome, enter the new outner of the corporation:	
The new	
name must be distinguishable and contain the word "corporation" or "incorporated" or the abbreviation "Corp." or "Inc." "Commun" or "Co." mus not be used in the name	
B. Enter now principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) 18100 NW 59 AVE	
1 204	
Higleah FL 33015	
C. Eiter new inalling address, if applicable: (Melling address HAY BE A POST OFFICE BOX) 18160 NW 59 AVE	
-HO OLL	
Higlegh FL 33015	
D. If smending the registered usent and/or excistered office address in Florida, enter the pame of the new recistered office address;	
Name of New Recistered decon: Liliana Fernández	
18/60 NW 59 AVE # 204	
Nay Registered Office Address:	
Hialean Florida 33015	
New Revistered Agent's Signature. If changing Repistered Agent: I havely accept the appointment as registered agent. I am famillar yield and decept the aplituations of the position.	
and and an	
W Zood	
Signature of Nov Pagardred Agent, if changing	
Page Lof 4	, Î
Colored to the color	

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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 = Chairmon 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, Salty Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Salty Smith, SV as an Add.

Example: X Change X Remove X Add	Y Mike	<u>i Doe</u> <u>e Jones</u> y Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change Add Remove			
2) Change Add Remove			
3) Change Add Remove			
4)Change Add Remove	<u>P</u>	<u>Liliana</u> Fernanda	ez same as Principal & mailing
5) Change Add Remove	T_	Beatriz Baena vai	rgas same as Principal 4 Mailing
6)ChangeAddRemove	<u>S</u> _	Lily Patricia Muir	same as Principal & Mailing

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ADD.	AINCO	009103		
				
<u>-</u>				
				
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Page 3 of 4

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The date of each amendment(s) ad	ootion: if other than	ı 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 blo document's effective date on the De	ck does not meet the applicable statutory filing requirements, this date will not be listed as the partment of State's records.	:
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were awas/were sufficient for approv	dopted by the members and the number of votes cast for the amendment(s)	
There are no members or mem adopted by the board of direct	bers entitled to vote on the amendment(s). The amendment(s) was/were ors.	
Dated	14/19	
Signature	A) Character Street	
have not b	rman or vice chairman of the board, president or other officer-if directors sen selected, by an incorporator – if in the hands of a receiver, trustee, or appointed fiduciary by that fiduciary)	
	Sara Mendoza	
	(Typed or printed name of person signing)	
	(P)	
	(Title of person signing)	