

MIS0000000936

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

(Business Entity Name)

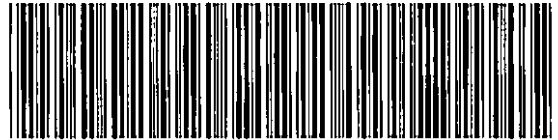
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18 SEP 10 AM 11:15

TALLAHASSEE, FLORIDA

SEP 12 2018

S. YOUNG

SEP 12 7:00

S. YOUNG



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

July 18, 2018

NEGAR GRAUADO  
BOLIVAR & GRANADO CONSULTING, LLC  
8180 NW 36TH STREET STE 409B  
DORAL, FL 33166

SUBJECT: FUNDACION MAYU, CORPORATION  
Ref. Number: N18000000936

We have received your document for FUNDACION MAYU, CORPORATION and your check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

Amendments for nonprofit corporations are filed in compliance with section 617.1006, Florida Statutes. Please see the attached information.

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.

Shelia H Young  
Regulatory Specialist II

Letter Number: 418A00014745

RECEIVED  
18 SEP 10 PM 1:59  
SECRETARY OF STATE

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**NAME OF CORPORATION:** FUNDACION MAYU CORPORATION

**DOCUMENT NUMBER:** N18000000936

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

Please return all correspondence concerning this matter to the following:

NEGAR RAFAEL GRANADO DAVILA

(Name of Contact Person)

BOLIVAR & GRANADO CONSULTING, LLC

(Firm/ Company)

8180 NW 36TH ST, SUITE 409B

(Address)

DORAL, FLORIDA, 33166

(City/ State and Zip Code)

negargranado@gmail.com

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

For further information concerning this matter, please call:

NEGAR RAFAEL GRANADO DAVILA

786

4689790

at

(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:

- |  |  |   |   |
|--|--|---|---|
| <input type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certified Copy<br>(Additional copy is<br>enclosed) | <input checked="" type="checkbox"/> \$52.50 Filing Fee<br>Certificate of Status<br>Certified Copy<br>(Additional Copy is<br>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

NEGAR RAFAEL GRANADO DAVILA  
*NOTARY PUBLIC*  
8180 NW 36th ST. SUITE 409B  
DORAL, FLORIDA, 33166  
786-4689790  
negargranado@gmail.com

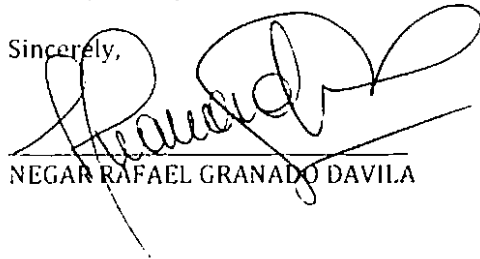
August 13<sup>th</sup>, 2018

Dear Sir or Madam:

Attached to this letter I am sending a Admendments of FUNDACION MAYU. CORPORATION.

Thank you for your assistance.

Sincerely,



NEGAR RAFAEL GRANADO DAVILA



Articles of Amendment  
to  
Articles of Incorporation  
of

FUNDACION MAYU, CORPORATION

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

N18000000936

(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:

N/A

*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.*

B. Enter new principal office address, if applicable:

N/A

(Principal office address MUST BE A STREET ADDRESS)

C. Enter new mailing address, if applicable:

N/A

(Mailing address MAY BE A POST OFFICE BOX)

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:

NONE

NONE

(Florida street address)

New Registered Office Address:

\_\_\_\_\_, Florida

(City)

(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.*

\_\_\_\_\_  
*Signature of New Registered Agent, if changing*

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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 = 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:

<input checked="" type="checkbox"/> Change	<u>PT</u>	<u>John Doe</u>
<input type="checkbox"/> Remove	<u>V</u>	<u>Mike Jones</u>
<input type="checkbox"/> Add	<u>SV</u>	<u>Sally Smith</u>

<u>Type of Action</u> (Check One)	<u>Title</u>	<u>Name</u>	<u>Address</u>
1) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	<u>P</u>	<u>ASTRID BORREGO</u>	<u>7291 GARY AVE. APT 26</u> <u>MAIMI BEACH, FLORIDA</u> <u>33141</u>
2) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	<u>VP</u>	<u>LUIS EDUARDO JAUA</u>	<u>3530 MYSTIC POINTE DR.</u> <u>APT 114</u> <u>AVENTURA, FL. 33180</u>
3) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>DIREC</u>	<u>OSCAR MATA</u>	<u>7291 GARY AVE. APT 26</u> <u>MIAMI BEACH, FLORIDA</u> <u>33141</u>
4) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>S</u>	<u>DIEGO CEBRIAN</u>	<u>2807 COCONUT AVE</u> <u>MIAMI, FLORIDA. 33133</u>
5) <input type="checkbox"/> Change <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove	<u>P</u>	<u>ARIANNA BENFELE</u>	<u>7291 GARY AVE. APT 26</u> <u>MIAMI BEACH, FLORIDA</u> <u>33141</u>
6) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	<u></u>	<u></u>	<u></u> <u></u> <u></u>

**E. If amending or adding additional Articles, enter change(s) here:**

*(attach additional sheets, if necessary). (Be specific)*

NONE

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

JULY 5TH, 2018

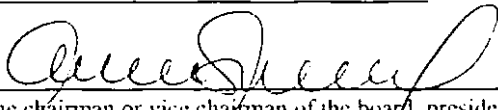
Effective date if applicable: \_\_\_\_\_  
(no more than 90 days after amendment file date)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not 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 AUGUST 13TH, 2018 \_\_\_\_\_

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)

ASTRID BORREGO  
\_\_\_\_\_  
(Typed or printed name of person signing)

PRESIDENT  
\_\_\_\_\_  
(Title of person signing)