

n18000007588

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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☐

MAIL

(Business Entity Name)

(Document Number)

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09/21/18--01017--011 **35.00

FILED

2018 OCT 26 P 1:22

FALLMONT, N.C. 28428

OCT 30 2018
T. LEMMON

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: UNIDOS POR NICARAGUA MIAMI INC

DOCUMENT NUMBER: N18000007588

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

Please return all correspondence concerning this matter to the following:

FATHIMA VEGA-LEYVA

(Name of Contact Person)

(Firm/ Company)

45 SW 138TH CT APT #106

(Address)

MIAMI FL 33183-0000

(City/ State and Zip Code)

unidadnicaraguenseuse@gmail.com

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

For further information concerning this matter, please call:

FATHIMA VEGA-LEYVA

786-252-7123

(Name of Contact Person)

at (Area Code) (Daytime Telephone Number)

Enclosed is a check for the following amount made payable to the Florida Department of State:

- | | | | |
|---|--|---|--|
| <input checked="" type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &
Certificate of Status | <input 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

RECEIVED
2018 OCT 26 PM 12:06
SECRETARY OF STATE
TALLAHASSEE, FL



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 18, 2018

FATHIMA VEGA-LEYVA
6345 SW 138 CT APT 106
MIAMI, FL 33183

SUBJECT: UNIDOS POR NICARAGUA MIAMI INC
Ref. Number: N18000007588

We have received your document for UNIDOS POR NICARAGUA MIAMI INC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You failed to make the correction(s) requested in our previous letter.

This is a Non-profit corporation the document you sent in is for a Profit corporation.

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.

Tracy L Lemieux
Regulatory Specialist II

Letter Number: 218A00021282

Articles of Amendment
to
Articles of Incorporation
of

UNIDOS POR NICARAGUA MIAMI INC

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

N18000007588

(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:

UNIDAD NICARAGUENSE USA, 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.

B. Enter new principal office address, if applicable:

*(Principal office address **MUST BE A STREET ADDRESS**)*

6345 SW 138TH CT APT 106

MIAMI FL 33183-0000

C. Enter new mailing address, if applicable:

*(Mailing address **MAY BE A POST OFFICE BOX**)*

SAME AS ABOVE

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:

FATHIMA VEGA-LEYVA

63458 SW138 CT APT. 106

(Florida street address)

New Registered Office Address:

MIAMI

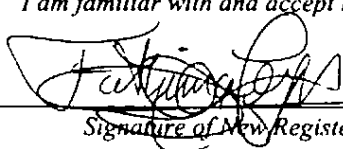
(City)

Florida 33183

(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

FILED
2019 OCT 26 P 4 22
CLERK OF DISTRICT COURT
FLORIDA

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 checked="" type="checkbox"/> Remove	<u>V</u>	<u>Mike Jones</u>
<input checked="" 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	<u>P</u>	<u>ALEESHEA PEREZ</u>	<u>10725 SW 147 PL</u>
<input type="checkbox"/> Add			<u>MIAMI FL 3319</u>
<input type="checkbox"/> Remove			
2) <input type="checkbox"/> Change	<u>VP</u>	<u>MARGARITA CANELO AGUILER</u>	<u>9677 SW 147TH CT</u>
<input type="checkbox"/> Add			<u>MIAMI FL 33196</u>
<input checked="" type="checkbox"/> Remove			
3) <input type="checkbox"/> Change	<u>DT</u>	<u>GIOVANNA L. GOMEZ</u>	<u>2641 SW 28TH AVE</u>
<input type="checkbox"/> Add			<u>MIAMI FL 33133</u>
<input checked="" type="checkbox"/> Remove			
4) <input type="checkbox"/> Change	<u>DS</u>	<u>MARIA CONCHITA ESPINALES</u>	<u>8531 SW 163 PL</u>
<input type="checkbox"/> Add			<u>MIAMI FL 33193</u>
<input checked="" type="checkbox"/> Remove			
5) <input type="checkbox"/> Change	<u>P</u>	<u>FATHIMA VEGA-LEYVA</u>	<u>6345 SW 138 CT APTY 1069</u>
<input checked="" type="checkbox"/> Add			<u>MIAMI FL 33183</u>
<input type="checkbox"/> Remove			
6) <input checked="" type="checkbox"/> Change	<u>VP</u>	<u>ALEESHEA PEREZ</u>	<u>10725 SW 147 PL</u>
<input type="checkbox"/> Add			<u>MIAMI FL 33196</u>
<input type="checkbox"/> Remove			

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 checked="" type="checkbox"/> Remove	<u>V</u>	<u>Mike Jones</u>
<input checked="" 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>
7) <input type="checkbox"/> Change	<u>S</u>	<u>MAYTE RIVAS</u>	<u>13501 SW 272 TER</u>
<input checked="" type="checkbox"/> Add			<u>HOMESTEAD FL 33032</u>
<input type="checkbox"/> Remove			<u></u>
8) <input type="checkbox"/> Change	<u>DT</u>	<u>HELLEN M. MARTINEZ</u>	<u>521 SANTANDER AVE APT #4</u>
<input checked="" type="checkbox"/> Add			<u>CORAL GABLES, FL 33134</u>
<input type="checkbox"/> Remove			<u></u>
9) <input type="checkbox"/> Change	<u>VDT</u>	<u>ANGELA M MORA</u>	<u>2380 SW 2 ST</u>
<input checked="" type="checkbox"/> Add			<u>MIAMI FL 33135</u>
<input type="checkbox"/> Remove			<u></u>

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

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

N/A

09-18-2018

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

SAME AS ABOVE

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 0/18/2018 _____

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)

ALEESHEA PEREZ

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)