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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

Tallahassee, FL 32314

NAME OF CORPORATION:	ON AMERICANA DE 0	COLUMBICULT	URA CORP
N19000002365 DOCUMENT NUMBER:			
The enclosed Articles of Amendment and fee	are submitted for filing.		
Please return all correspondence concerning t	his matter to the following	ng:	
MANUEL GONZALEZ			
	(Name of Conta	act Person)	
	(Firm/ Con	ıpany)	
10380 SW 37TH STREET,		•	
	(Addre	ss)	
MIAMI FL 33165.			
	(City/ State and	Zip Code)	
taxserv@incometaxserv.com			
E-mail address: (to	be used for future annu	al report notificat	ion)
For further information concerning this matte	r, please call:		
Fernando R Palenzuela		305 at	223-6564
(Name of Contac	t Person)	(Area Code	(Daytime Telephone Number)
Enclosed is a check for the following amount	made payable to the Flo	rida Department	of State:
■ \$35 Filing Fee □\$43.75 Filing Certificate of	·	oy Cer opy is Cer (Ac	.50 Filing Fee tificate of Status tified Copy Iditional Copy is elosed)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327		Street Addres Amendment Se Division of Co	rporations

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## Articles of Amendment to Articles of Incorporation of

FEDERACION AMERICANA DE COLUMBICULTURA CORP

(Name of Corporation as currently filed with the Florida N19000002365	Dept. or state)	
	ber of Corporation (if known)	
(Document Nam	ber of Corporation (if known)	
Pursuant to the provisions of section 617,1006, Florida Statu amendment(s) to its Articles of Incorporation:	tes, this Florida Not For Profit Corporati	on adopts the following
A. If amending name, enter the new name of the corpora	ition;	
name must be distinguishable and contain the word "corpord" (Company" or "Co." may not be used in the name.	ation" or "incorporated" or the abbrevia	tion "Corp." or "Inc."
B. Enter new principal office address, if applicable:		
(Principal office address <u>MUST BE A STREET ADDRESS</u>	<u>(</u> )	1210
		· · · · · · · · · · · · · · · · · · ·
		- (9 (2)
C. Enter new mailing address, if applicable:		100
(Mailing address <u>MAY BE A POST OFFICE BOX</u> )		
		<del>`</del> <del>`</del>
D. If amending the registered agent and/or registered off		f the
new registered agent and/or the new registered office	address:	
Name of New Registered Agent:		
New Registered Office Address:	(Florida street address)	
HEN HERMETER Office Mauress.		
<del></del>	, Flo	orida
	(City)	zip Coae)
New Registered Agent's Signature, if changing Registered I hereby accept the appointment as registered agent. I am for		the position.
, , , , ,	, , , , , , , , ,	•
	Signature of New Registered Agent, if char	

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	<u>V</u> <u>M</u> :	hn <u>Doe</u> ike Jones Ily Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change Add	<u>PT</u>	RAUL PORRAS	10400 NW 35TH PL MIAMI,FL 33147
* Remove			
2) Change Add	PT	MARIO CHAVETON	5275 NW 7TH STREET APT 204 MIAMI FL 33126.
Remove			
4) Change Add			
Remove			
5) Change Add		<u></u>	
Remove			
6) Change Add	****		
Remove			
E. If amending or add (attach additional sh	ling additiona neets, if necessa	l Articles, enter change(s) here:  ury). (Be specific)	
	÷		
	,		

-		
		<del></del>
	····	
The date of each amendment(s) ado date this document was signed.	ption:	, if other than the
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this block document's effective date on the Department.	c does not meet the applicable statutory filing requirements, this date will nartment of State's records.	ot be listed as the
Adoption of Amendment(s)	<u>(CITCK ONT)</u>	
The amendment(s) was/were ado was/were sufficient for approval.	opted by the members and the number of votes cast for the amendment(s)	

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 JUNE 18TH,2020
(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)
MANUEL GONZALEZ
(Typed or printed name of person signing)
VICE PRESIDENT
(Title of person signing)