N190000 12851

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATIO	ON:		_	
document number: _	N19000012851			
The enclosed Articles of Am	endment and fee are subr	nitted for filing.		
Please return all corresponde	nce concerning this matte	er to the following:		
Pablo Soto				
		(Name of Contact Pers	on)	
		(Firm/ Company)		
6010 W. 15 Court				
		(Address)		
Hialeah, Florida 33012				
		(City/ State and Zip Co	ode)	
imcgiz@hotmail.com				
Е	-mail address: (to be used	for future annual repo	rt notification	1)
For further information conc	erning this matter, please	call:		
Pablo Soto			05	
	(Name of Contact Person) (Area Code)	(Daytime Telephone Number)
Enclosed is a check for the fe	ollowing amount made pa	ayable to the Florida De	epartment of	State:
■ \$35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	Certif Certif	O Filing Fee leate of Status led Copy tional Copy is used)
Mailing A Amendme Division o P.O. Box 6	nt Section f Corporations	Ame Divis The	et Address ndment Secti sion of Corpo Centre of T	orations allahassee
Tallahasse	e, FL 32314	241:	5 N. Monroe	Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

GRUPO LAGO CECILE, INC.

(Name of Corporation as currently filed with the Florida De	ept. of State)
N19000012851	
(Document Number	r of Corporation (if known)
Pursuant to the provisions of section 617.1006, Florida Statutes, amendment(s) to its Articles of Incorporation:	t, this Florida Not For Profit Corporation adopts the following
A. If amending name, enter the new name of the corporatio	on:
	The new
name must be distinguishable and contain the word "corporatio "Company" or "Co." may not be used in the name.	on" or "incorporated" or the abbreviation "Corp." or "Inc."
B. Enter new principal office address, if applicable:	
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	202
-	
-	
C. Enter new mailing address, if applicable:	νος ω · ·
(Mailing address MAY BE A POST OFFICE BOX)	
-	9:1
	<u>වීළු ්</u>
D. If amending the registered agent and/or registered office	e address in Florida, enter the name of the
new registered agent and/or the new registered office ad-	
Name of New Registered Agent:	
	(Florida street address)
New Registered Office Address:	
	, Florida
	(City) (Zip Code)
New Registered Agent's Signature, if changing Registered A	Agent:
I hereby accept the appointment as registered agent. I am fam	unar with and accept the obligations of the position.
Sign	nature of New Registered Agent, if changing

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	PT John De V Mike Je SV Sally Sr	<u>ones</u>	
Type of Action (Check One)	Title	Name	Address
1) Change Add	<u>S</u>	HILDA M. DE LA HUELGA	6293 WEST 15TH COURT HIALEAH, FLORIDA 33012
Remove 2) Change Add	<u>S</u>	IRIS M. CASTILLO	6010 W 15 COURT HIALEAH, FLORIDA 33012
X Remove			
4) Change Add			
Remove 5) Change Add			
Remove 6) Change Add			
E. If amending or additional shee	ng additional Art us, if necessary).	Page 2 of 4 icles, enter change(s) here: (Be specific)	
			

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Page 3 of 4	
The date of each amendment(s) adoption:	, if other than the
Effective date <u>if applicable</u> :	
(no more than 90 days after amendment f	ile date)

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 12-31-2019 Signature 12-31-2019
(By the chairman or vice chairman of the board, president or other officer-if director, have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)
PABLO SOTO
(Typed or printed name of person signing)
PRESIDENT

(Title of person signing)