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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

NAME OF CORPORATION: Todo pur ti venezuela FOC
DOCUMENT NUMBER: N 22 00000 6387
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Muria E Barrecta (Name of Contact Person)
(Name of Contact Person)
(Firm/ Company)
10777 NW 84 Ln
(Address)
Dorcel, F1, 33178 (City/ State and Zip Code)
(City/ State and Zip Code)
E-mail address: (to be used for future annual report notification)
E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:
For further information concerning this matter, please call:
Suhai Gonzalet at 786 216 5365.  (Name of Contact Person) (Area Code) (Daytime Telephone Number)
(Name of Contact Person) (Area Code) (Daytime Telephone Number)
(Name of Contact Person)  (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:
☐ S43.75 Filing Fee ☐ S43.75 Filing Fee & ☐ S43.75 Filing Fee & ☐ S52.50 Filing Fee Certificate of Status  Certified Copy (Additional Copy is enclosed)  Certified Copy (Additional Copy is Enclosed)
Mailing Address Amendment Section  Street Address Amendment Section
Division of Corporations Division of Corporations

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

## **Articles of Amendment** to Articles of Incorporation of

	ictuela INC	
(Name of Corporation as currently filed with the Florida)	<del></del>	
N22 0000		
(Document Numb	per of Corporation (if known)	
Pursuant to the provisions of section 617.1006, Florida Statut amendment(s) to its Articles of Incorporation:	es, this Florida Not For Profit Corporation adopts	the following
A. If amending name, enter the new name of the corporat	tion:	
	NIA	The new
name must be distinguishable and contain the word "corpora "Company" or "Co." may not be used in the name.	ttion" or "incorporated" or the abbreviation "Corp	v. " or "Inc."
B. Enter new principal office address, if applicable:	N/A	
(Principal office address <u>MUST BE A STREET ADDRESS</u>	, 	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	MIA	
		( ) ( ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) (
		( (
D. If amending the registered agent and/or registered offi		CD CD
new registered agent and/or the new registered office a	w/A	
Name of New Registered Agent:	NIF	<del>_</del>
	West and the second	
New Registered Office Address:	(Florida street address)	
	, Florida	
	(City) (Zip Code)	!
New Registered Agent's Signature, if changing Registered I hereby accept the appointment as registered agent. I am fa	<b>l Agent:</b> uniliar with and accept the obligations of the position	วท.
	ionature of New Revistered Avent, if chanving	

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 D Y Mike Je SV Sally S	ones	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change Add	<u></u>	Nayber C. Castelao	10717 NW 84 Ln Dorgl, Fl, 33178
Remove			
2) Change Add	<u>_</u> S	pavid villalobos	10777 NW BILD Doral, FT, 73178
Remove 3) Change Add Remove	S	Ysmeira M Ferrer	10777 NW 89 En Doral, Fl, 33178
4) Change X_ Add		Hellen Hernandez	10777 NW 64 Ln Doral, F1, 33178.
Remove			
5) Change Add			
Remove			
6) Change Add			
Remove			
E. If amending or additional sheet		icles, enter change(s) here: (Be specific)	
		and any and the state of	

<del></del>
The date of each amendment(s) adoption:, if other than the date this document was signed, if other than the date this document was signed.
Effective date if applicable:
Effective date if applicable:  (no more than 90 days after amendment file date)
<u>Note:</u> 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.

X	There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors.					
	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)					
	Haria Elena Barroela					
(Typed or printed name of person signing)						
	President					
	(Title of person signing)					