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COVER LETTER

TO: Amendment Section Division of Corporations

Tallahassee, FL 32314

NAME OF CORPORATION: Spanish-American	Society of Charlotte Cou	nty -		
DOCUMENT NUMBER:				
The enclosed Articles of Amendment and fee are s	ubmitted for filing.			
Please return all correspondence concerning this m	atter to the following:			
Marineda Usera				
	(Name of Contact Pers	on)		
Spanish-American Society of Charlotte County				
	(Firm/ Company)			
PO Box. 494111				
	(Address)		· · · · · · · · · · · · · · · · · · ·	
Port Charlotte Florida 33949				
	(City/ State and Zip Co	ode)		
mariuser1@outlook.com				
E-mail address: (to be u	sed for future annual repor	t notification	n)	
For further information concerning this matter, plea	ise call:			
Marineda Usera	g at	41	875-9174	
(Name of Contact Pers	son) (2	Area Code)	(Daytime Telephone Number)	,
Enclosed is a check for the following amount made	payable to the Florida De	partment of	State:	
■ \$35 Filing Fee □\$43.75 Filing Fee Certificate of State		Certif Certif	icate of Status ied Copy tional Copy is	
Mailing Address Amendment Section Division of Corporations P.O. Box 6327	Amer Divis	t Address ndment Sect sion of Corpon Building		

2661 Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

(Name of Corporation as curren	tly filed with the	e Florida Dept. of State)
Spanish-American Society of Charlotte County		
(Document Numb	er of Corporation	n (if known)
Pursuant to the provisions of section 617,1006, Florida Statute imendment(s) to its Articles of Incorporation:	s, this <i>Florida N</i>	on For Profit Corporation adopts the following
A. If amending name, enter the new name of the corporati	on:	The non
name must be distinguishable and contain the word "corporat" "Company" or "Co." may not be used in the name.	cion" or "incorpe	orated" or the abbreviation "Corp." or "Inc."
B. Enter new principal office address, if applicable:		
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	¹ 19505 Quesada	Ave Unit RR103
	Port Charlotte, I	FL 33948
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
D. If amending the registered agent and/or registered office new registered agent and/or the new registered office a		orida, enter the name of the
Name of New Registered Agent:		
New Registered Office Address:		(Florida street address)
		, Florida
· 	(City)	(Zip Code)
New Registered Agent's Signature, if changing Registered hereby accept the appointment as registered agent. I am far		accept the obligations of the position.
		D
Si	gnature of New l	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)

Example:

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.

X Change X Remove X Add	<u>PT</u> <u>V</u> <u>SV</u>	John Doe Mike Jones Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
X Change	<u>T</u>	Madaline Munoz	22432 Lacombe Ave
X Add			Port Charlotte FL 33952
Remove			
2) Change	_ <u>_</u> _		
Add			
Kemove	Т	Jose Grant	18157 Hillsborough Ave
3) Change Add		<u> </u>	Port Charlotte FL 33948
Remove			
4) X Change	VP	Luis Munoz	22432 Lacombe Ave
X Add			Port Charlotte FL 33952
Remove			
5) Change	VP	Jose Vicario	4502 Prophet Ave
Add			North Port Fl 34287
X Remove			
) Change			
Add			
Remove		Page 2 of 4	

(attach additional sheets, if necessary)	(Be specific))			
					
		 			
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	date of each amendment(s) adoption: Syptomics 29, 20/8, if other than the this document was signed.
Effe	ective date <u>if applicable</u> : (no more than 90 days after amendment file date)
_	e: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the ument's effective date on the Department of State's records.
Ado	option 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 October 19, 2018
	Signature Maryada Walla
	(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)
	Marineda Usera
	(Typed or printed name of person signing)
	President
	(Title of person signing)