

N3254A

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

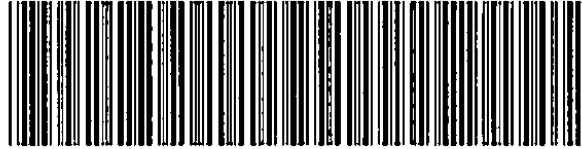
(Document Number)

ed Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Spoke with Mannode
on 1/15/2020 to gather
corrections SP

Office Use Only



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11/14/19--01018--008 **35.00

JAN 21 2020

2020 JAN 21 AM 8:05

FILED

Handwritten signature



FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 13, 2019

LUIS MUNOZ
SPANISH-AMERICAN SOCIETY OF CHARLOTTE CO
22432 LACOMBE AVE
PORT CHARLOTTE, FL 33952

SUBJECT: SPANISH-AMERICAN SOCIETY OF CHARLOTTE COUNTY INC.
Ref. Number: N32544

We have received your document and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The current name of the entity is as referenced above. Please correct your document accordingly.

PLEASE COMPLETE THE ADDRESS FOR LETTER B.

PLEASE ADD PAGE 3 OF 4 TO THE AMENDMENT.

PLEASE CLARIFY OR REWRITE THE TYPE OF ACTIONS FOR THE OFFICER/DIRECTORS.

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.

Susan Tallent
Regulatory Specialist II

Letter Number: 419A00025404

January 17, 2017

Attention Susan:

Enclosed are the corrected amendment forms.

I wish to thank you for your help.

Please let me know if the forms are correct.

Marineda Usera
19505 Quesada Ave RR 103
Port Charlotte, FL 33948

941 875-9174
Mariuser1@outlook.com

Notes: Payment Of \$35 was previously sent
Luis Munoz is the Registered Agent – There is a signed
Form on file.

A handwritten signature in black ink, appearing to read "Marineda Usera". The signature is fluid and cursive, with a long horizontal stroke at the end.

2020 JUN 21 PM 11:19

COVER LETTER

Amendment Section
Division of Corporations

NAME OF CORPORATION: Spanish-American Society of Charlotte County Inc

DOCUMENT NUMBER: N32544

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

Please return all correspondence concerning this matter to the following:

Luis Munoz

Name of Contact Person

Spanish-American Society of Charlotte County Inc

Firm/ Company

22432 Lacombe Ave

Address

Port Charlotte Floridam33952

City/ State and Zip Code

louldj1@gmail.com

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

For further information concerning this matter, please call:

Luis Munoz at (718-) 764-7630
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:

☐ \$35 Filing Fee

☐ \$43.75 Filing Fee &
Certificate of Status

☐ \$43.75 Filing Fee &
Certified Copy
(Additional copy is
enclosed)

☐ \$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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Articles of Amendment
to
Articles of Incorporation
of

anish-American Society of Charlotte County, Inc.

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

2544

(Document Number of Corporation (if known))

uant to the provisions of section 617.1006, Florida Statutes, this *Florida Not For Profit Corporation* adopts the following
ndment(s) to its Articles of Incorporation:

If amending name, enter the new name of the corporation:

The new
ne must be distinguishable and contain the word "corporation" or "incorporated" or the abbreviation "Corp." or "Inc."
ompany" or "Co." may not be used in the name.

Enter new principal office address, if applicable:

ncipal office address MUST BE A STREET ADDRESS)

22432 Lacombe Ave

Port Charlotte,

Florida 33952

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

PO BOX 494111

Port Charlotte

Florida 33949

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:

Luis Munoz

22432 Lacombe Ave

(Florida street address)

New Registered Office Address:

Port Charlotte


(City)

Florida 33952

(Zip Code)

ow Registered Agent's Signature, if changing Registered Agent:

ereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.


Signature of New Registered Agent, if changing

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removing 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:

Change PT John Doe

Remove V Mike Jones

Add SV Sally Smith

Type of Action (check One)	Title	Name	Address
Change	PD	Usera, Marineda	19505 Quesada Ave RR103 Port Charlotte Florida 33948
X Remove			
X Change	P	Munoz, Luis	22432 Lacombe Ave Port Charlotte Florida 33952
Add			
Remove			
Change			
Add			
Remove			
X Change	VP	Rachel Rivera	2018 Lovoy Court North Port Florida 34288
Add			
Remove			
Change	S	Mary-Clench Santiago	5912 Camelot Drive South Sarasota Florida 34223
X Add			
Remove			
Change			
Add			
Remove			

Effective date of each amendment(s) adoption: 11/12/19, if other than the date this document was signed.

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.

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

11/12/19

Signature

Luis Munoz

(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)

Luis Munoz

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)