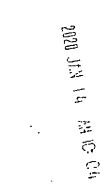
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(Ac	ldress)	
(Ac	ddress)	
(Cı	ty/State/Zip/Phone #)	
PICK-UP	MAIT	MAIL
(Bu	usiness Entity Name)	
	ocument Number)	
)DC	ocument Number)	
Certified Copies	Certificates of S	Status
Special Instructions to	Filing Officer	

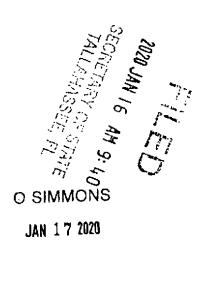
Office Use Only



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January 15, 2020

STELATH COURIER

SUBJECT: ASOCIACION INTERAMERICANA DE CONTABILIDAD, INC.

Ref. Number: N49697

We have received your document for ASOCIACION INTERAMERICANA DE CONTABILIDAD, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please check the appropriate box on the amendment form regarding the adoption of the amendment(s).

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.

Letter Number: 320A00001082

Octavia L Simmons
Regulatory Specialist II Supervisor

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**Department of State** 

**Division of Corporations** 

**Stealth Courier LLC** 

1531 Commonwealth Business Dr.

Ste 105

Tallahassee, Fl. 32303

850-294-5632

## **Stealth Courier Box**

Company: Asociacion Interamericana De Contabilidad Inc. N49697



**Department of State** 

**Division of Corporations** 

**Stealth Courier LLC** 

1531 Commonwealth Business Dr.

Ste 105

Tallahassee, Fl. 32303

850-294-5632

# **Stealth Courier Box**

Company: Asociacion Interamericana De Contabilidad Inc. N49697

2020 JEN 14 AND CH

### **COVER LETTER**

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: ASOCIACION IN	TERAMERICANA DE CO	NTABILIDAD INC
DOCUMENT NUM	BER:		
	of Amendment and fee are su	bmitted for filing.	
Please return all corre	espondence concerning this ma	tter to the following:	
	CARLA MARCELO		
		Name of Contact Persor	)
	CORP SVCS INTL		
		Firm/ Company	
	7050 W PALMETTO PARK	RD. #15-300.	
		Address	
	BOCA RATON, FL 33433		
		City/ State and Zip Code	2
	OPERATIONS@ACHIEVE	GEA.COM	
	E-mail address: (to be us	sed for future annual report	notification)
For further information	on concerning this matter, plea		503-5983
	of Contact Person	at (305	de & Daytime Telephone Number
	or the following amount made		
■ \$35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	☐ \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
	iling Address endment Section		Address ment Section
Division of Corporations		Divisio	n of Corporations
P.O. Box 6327			entre of Tallahassee  N. Monroe Street, Suite 810
1 81	lahassee, FL 32314	2413 F	v. Monioe sheet, since 510

Tallahassee, FL 32303

ATA THE

## Articles of Amendment Articles of Incorporation

ASOCIACION INTERAMERICANA DE CONTADII.	LIDADING		
	n as currently filed with the	Florida Dept. of State)	
N49697			<u> </u>
(Docume	ent Number of Corporation (i	Eknown)	
Pursuant to the provisions of section 607.1006, Florida its Articles of Incorporation:	Statutes, this Florida Profit C	Corporation adopts the follow	ring amendment(s) t
A. If amending name, enter the new name of the con	rporation:		
manuscriptor Harris and Little of the Little		10	The new
name must be distinguishable and contain the word "con "Inc.," or Co.," or the designation "Corp," "Inc," "chartered," "professional association," or the abbrev	or "Co". A professional of	ncorporated or the abbrevia corporation name must cont	tion "Corp.," ain the word
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADD	RESS)		<del></del>
			<u>S</u> 2
		5	20
	<del></del>		
C. Enter new mailing address, if applicable:		בו. תַּיָּ	
(Mailing address MAY BE A POST OFFICE BOX	<u> </u>		<u> </u>
		5.73 [**]	
			S S C
			<del></del>
D. If amending the registered agent and/or registered new registered agent and/or the new registered of		enter the name of the	m •
Name of New Registered Agent			<del></del>
<del></del>	(Florida street address)		<del></del>
New Registered Office Address:		, Florida	
	(City)		ip Code)
New Registered Agent's Signature, if changing Registered	stered Agent:	al a file as the second	
hereby accept the appointment as registered agent. 1	am jamiliar wiin ana accept	the obligations of the position	1.
Signat	ure of New Registered Agent	, if changing	<del></del>
·	**		
Check if applicable  The amendment(s) is/are being filed pursuant to s. 60	07.0120.(11).(e). F.S		

<sup>■</sup> The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action and shareholder action was not required.

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	<u>PT</u>	John Doe	
X Remove	<u>Y</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	<b>20</b>
Type of Action (Check One)	Title	<u>Name</u>	2020 JAH SECRETI TALLA
1) Change	Р	PORRAS, CORNELIO	1524 CORNER MEADOW CER
X Add			ORLANDO FL 328200 C 39 99
Remove			E S 9:
2) X Change	S	ESPINOZA, FORTUNATA	9907 THREE LAKES CIRCLE.
Add			BOCA RATON, FL 33428
Remove 3) Change			
Add		·	
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change	<del>-</del>		
Add			
Remove			

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f an amendment provides for an exchange recl	sification, or cancellation of issued shares		
provisions for implementing the amendment if	sification, or cancellation of issued shares, ot contained in the amendment itself:		
f an amendment provides for an exchange, recla provisions for implementing the amendment if (if not applicable, indicate N/A)	sification, or cancellation of issued shares, or contained in the amendment itself:		
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provisions for implementing the amendment if	sification, or cancellation of issued shares, or contained in the amendment itself:		
f an amendment provides for an exchange, recla provisions for implementing the amendment if (if not applicable, indicate N/A)	sification, or cancellation of issued shares, ot contained in the amendment itself:		
provisions for implementing the amendment if	sification, or cancellation of issued shares, of contained in the amendment itself:		
provisions for implementing the amendment if	sification, or cancellation of issued shares, ot contained in the amendment itself:		
provisions for implementing the amendment if	sification, or cancellation of issued shares, of contained in the amendment itself:		

The date of each amendment(s) a	doption:	_, 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 t document's effective date on the D	plock does not meet the applicable statutory filing requirements, this date will epartment of State's records.	not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
by the shareholders was/were so  The amendment(s) was/were approvided for  "The number of votes cast  by  JANUAR  Dated  Signature  (By and selected)	proved by the shareholders through voting groups. The following statement are each voting group entitled to vote separately on the amendment(s):  for the amendment(s) was/were sufficient for approval  (voting group)  Y 11, 2020  Y 11, 2020  Y 11, 2020  FORTUNATA ESPINOZA	2020 JAN 16 AM 9: 41
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	