

N93000001883

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

Certified Copies Certificates of Status

Special Instructions to Filing Officer:

Office Use Only



700160977797

09/30/09--01016--025 **43.75

FILED OF STATE
SECRETARY OF FLORIDA
TALLAHASSEE, FLORIDA
09 SEP 30 PM 4:08

Amend/cc
@ 10/5/09

COVER LETTER

**TO: Amendment Section
Division of Corporations**

NAME OF CORPORATION: FEDERACION DE LA ACCION CATOLICA CUBANA INC

DOCUMENT NUMBER: N 9 3000001883

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

Please return all correspondence concerning this matter to the following:

SERAFIN SARMY

(Name of Contact Person)

(Firm/ Company)

4210 EAST 9th COURT

(Address)

MIAMI FL 33013

(City/ State and Zip Code)

magalyconde@bellsouth.net

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

For further information concerning this matter, please call:

_____ at (_____) _____
(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
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Articles of Amendment
to
Articles of Incorporation
of

FEDERACION DE LA ACCION CATORICA CUBANA, INC.

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

N 9300001883

(Document Number of Corporation (if known))

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

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

N/A

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

B. Enter new principal office address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

N/A

C. Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

N/A

D. 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:

N/A

New Registered Office Address:

(Florida street address)

(City)

Florida

(Zip Code)

FILED STATE
SECRETARY OF FLORIDA
TALLAHASSEE, FLORIDA
09 SEP 30 PM 4:08

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

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

N/A

Signature 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)

Title	Name	Address	Type of Action
<u>PD</u>	<u>ROBERTO CORTES</u>	<u>1820 W. 53 Street</u> <u>Hialeah FL</u> <u>33012</u>	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
<u>TD</u>	<u>SERAFIN F. SARDOY</u>	<u>4210 E 8 COURT</u> <u>Hialeah FL</u> <u>33013</u>	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
<u>SD</u>	<u>MAGGIE CONDE</u>	<u>8881 B FONTAINE BLVD</u> <u>BLVD. # 405</u> <u>MIAMI FL 33172</u>	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove

NEW OFFICERS

E. If amending or adding additional Articles, enter change(s) here:
 (attach additional sheets, if necessary). (Be specific)

Please REMOVE PREVIOUS DIRECTORS
AS FOLLOWS:

<u>MANUEL FERNANDEZ</u>	<u>V.P.</u>
<u>DELA E. MARTINEZ</u>	<u>TD</u>
<u>MARIA L. NORIEGA</u>	<u>P.O</u>
<u>JOSYTA O. MONTESINOS</u>	<u>SD</u>

REMOVE

The date of each amendment(s) adoption: 9-24-09
(date of adoption is required)

Effective date if applicable: _____
(no more than 90 days after amendment file date)

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 9/24/09

Signature Serafin F. Sarauy
(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)

TREASURER / SERAFIN F. SARAUY
(Typed or printed name of person signing)

(Title of person signing)