

N 94 000004018

(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



100332618671

07/31/19--01018--006 **35.00

2019 JUL 31 AM 9:40

FILED

2019 JUL 31 PM 12:10

RECEIVED

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

C. GOLDEN

AUG -1 2019

66

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

Centro Internacional De Teoterapia

Integral, Inc.

Signature

Requested by: Seth

07/31/19

Name

Date

Time

Walk-In

Will Pick Up

Art of Inc. File

LTD Partnership File

Foreign Corp. File

L.C. File

Fictitious Name File

Trade/Service Mark

Merger File

Art. of Amend. File

RA Resignation

Dissolution / Withdrawal

Annual Report / Reinstatement

Cert. Copy

Photo Copy

Certificate of Good Standing

Certificate of Status

Certificate of Fictitious Name

Corp Record Search

Officer Search

Fictitious Search

Fictitious Owner Search

Vehicle Search

Driving Record

UCC 1 or 3 File

UCC 11 Search

UCC 11 Retrieval

Courier

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Centro Internacional De Teoterapia Integral, Inc.

DOCUMENT NUMBER: N94000004018

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

Please return all correspondence concerning this matter to the following:

Alberto M. Cardet, Esquire

(Name of Contact Person)

Cardet Law, P.A.

(Firm/ Company)

1330 Coral Way #301

(Address)

Miami, FL 33145

(City/ State and Zip Code)

alcardet@gmail.com

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

For further information concerning this matter, please call:

Alberto M. Cardet, Esq.

at

305

403-7783

(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:

- | | | | |
|---|--|---|--|
| <input checked="" type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &
Certified Copy
(Additional copy is
enclosed) | <input type="checkbox"/> \$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

FILED

2019 JUL 31 AM 9:41

Centro Internacional De Teoterapia Integral, Inc.

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

N94000004018

(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:

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)

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 address in Florida, enter the name of the new registered agent and/or the new registered office address:

Name of New Registered Agent: Alberto M. Cardet, Esq.

1330 Coral Way, #301

(Florida street address)

New Registered Office Address:

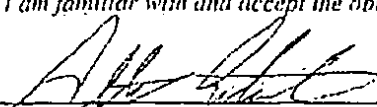
Miami

(City)

Florida 33145
(Zip Code)

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

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


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)

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:

<input checked="" type="checkbox"/> Change	<u>PT</u>	<u>John Doe</u>
<input checked="" type="checkbox"/> Remove	<u>V</u>	<u>Mike Jones</u>
<input checked="" type="checkbox"/> Add	<u>SV</u>	<u>Sally Smith</u>

Type of Action (Check One)	Title	Name	Address
1) <input type="checkbox"/> Change	<u>P</u>	<u>Marco Antonio Mora</u>	<u>3399 NW 72 Ave</u>
<input type="checkbox"/> Add			<u>Suite 230</u>
<input checked="" type="checkbox"/> Remove			<u>Miami FL 33122</u>
2) <input type="checkbox"/> Change	<u>ST</u>	<u>Delma Jaimes</u>	<u>14981 SW 147 Court</u>
<input type="checkbox"/> Add			<u>Miami FL 33196</u>
<input checked="" type="checkbox"/> Remove			
3) <input type="checkbox"/> Change	<u>D</u>	<u>Guillermo Esteban Celis</u>	<u>15312 Ryon Ave</u>
<input type="checkbox"/> Add			<u>Bellflower CA 90706</u>
<input checked="" type="checkbox"/> Remove			
4) <input type="checkbox"/> Change	<u>P</u>	<u>Manuel Prieto</u>	<u>3399 NW 72 Ave</u>
<input checked="" type="checkbox"/> Add			<u>Suite 230</u>
<input type="checkbox"/> Remove			<u>Miami FL 33122</u>
5) <input type="checkbox"/> Change	<u>VP</u>	<u>Maria Ruby Salinas</u>	<u>3399 NW 72 Ave</u>
<input checked="" type="checkbox"/> Add			<u>Suite 230</u>
<input type="checkbox"/> Remove			<u>Miami FL 33122</u>
6) <input type="checkbox"/> Change	<u>T</u>	<u>Manuel Pinzon</u>	<u>3399 NW 72 Ave</u>
<input checked="" type="checkbox"/> Add			<u>Suite 230</u>
<input type="checkbox"/> Remove			<u>Miami FL 33122</u>

(Attach additional sheets, if necessary)

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.

Example:

<u>X</u> Change	<u>PT</u>	<u>John Doe</u>
<u>X</u> Remove	<u>V</u>	<u>Mike Jones</u>
X Add	<u>SV</u>	Sally Smith

Title

Nank

Address

1) ☐ Change
☐ Add
☐ Remove

5.

Marianela Labrín

3399 NW 72 Ave

Suite 230

Miami Fl. 33122

2) ☐ Change
☐ Add
☐ Remove

3) ☐ Change
☐ Add
☐ Remove

4) ☐ Change
☐ Add
☐ Remove

5) ☐ Change
☐ Add
☐ Remove

6) ☐ Change
☐ Add
☐ Remove

1. **Introduction:** This document provides a detailed overview of the project's objectives, scope, and the methodology employed for data collection and analysis. The primary goal is to assess the impact of the intervention on the target population.

2. **Methodology:** The study utilized a mixed-methods approach, combining quantitative surveys with qualitative interviews. Data was collected from a sample of 150 participants across three time points. The analysis involved both statistical modeling and thematic analysis to identify key findings.

3. **Findings:** The results indicate a significant positive impact of the intervention on the measured outcomes. Quantitative data shows a 15% increase in the target variable, while qualitative feedback highlights improved participant engagement and satisfaction.

4. **Conclusion:** The findings suggest that the intervention is effective in achieving its intended purpose. Further research is recommended to explore long-term effects and scalability of the program.

5. **Recommendations:** Based on the study results, it is recommended that the intervention be implemented on a larger scale to reach more participants. Continuous monitoring and evaluation are essential to ensure sustained impact.

May 31, 2019

The date of each amendment(s) adoption: _____, if other than the date this document was signed.

May 31, 2019

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.

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

07-03-2019

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)

Mamel a. Prieto Murcia

(Typed or printed name of person signing)

President.

(Title of person signing)