

P09000096182

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP    ☐ WAIT    ☐ MAIL

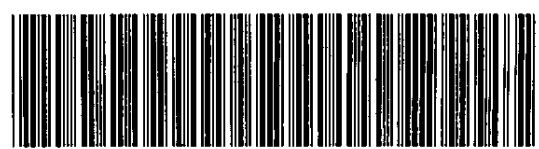
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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500289171565

08/19/16--01010--009 \*\*35.00

*Amel*

AUG 29 2016

R. WHITE

FILED  
16 AUG 19 PM 3:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**NAME OF CORPORATION:** Caridad Casa Bonita, Corp.  
**DOCUMENT NUMBER:** P09000096182

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

Please return all correspondence concerning this matter to the following:

Caridad Gonzalez  
Name of Contact Person  
Caridad Casa Bonita, Corp.  
Firm/ Company  
910 W. 33 Place  
Address  
Hialeah, FL 33012  
City/ State and Zip Code  
anaviera94@yahoo.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Caridad Gonzalez at 305, 505-3522  
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 &<br>Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certified Copy<br>(Additional copy is<br>enclosed) | <input type="checkbox"/> \$52.50 Filing Fee<br>Certificate of Status<br>Certified Copy<br>(Additional Copy<br>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

10 AUG 19 PM 3:00

Caridad Casa Bonita, Corp.

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

P09000096182

(Document Number of Corporation (if known))

Pursuant to the provisions of section 607.1006, Florida Statutes, this *Florida 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," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.," or the designation "Corp.," "Inc.," or "Co.". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."*

**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

Caridad Gonzalez

910 W. 33 Place

(Florida street address)

New Registered Office Address:

Hialeah,

Florida

33012

(City)

(Zip Code)

**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.*

Caridad Gonzalez

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:

X Change                      PT      John Doe  
X Remove                      V      Mike Jones  
X Add                              SV      Sally Smith

Type of Action (Check One)	Title	Name	Address
1) <u>Change</u> <u>  </u> Add <u>X</u> Remove	<u>PTD</u>	<u>Sergio Gonzalez</u>	<u>910 W. 33 Place</u> <u>Hialeah, FL 33012</u>
2) <u>X</u> Change <u>  </u> Add <u>  </u> Remove	<u>PTD</u>	<u>Caridad Gonzalez</u>	<u>910 W. 33 Place</u> <u>Hialeah, FL 33012</u>
3) <u>Change</u> <u>  </u> Add <u>  </u> Remove	<u>  </u>	<u>  </u>	<u>  </u>
4) <u>Change</u> <u>  </u> Add <u>  </u> Remove	<u>  </u>	<u>  </u>	<u>  </u>
5) <u>Change</u> <u>  </u> Add <u>  </u> Remove	<u>  </u>	<u>  </u>	<u>  </u>
6) <u>Change</u> <u>  </u> Add <u>  </u> Remove	<u>  </u>	<u>  </u>	<u>  </u>

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

(Attach additional sheets, if necessary). (Be specific)

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

**F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:**

(if not applicable, indicate N/A)

[illegible]

The date of each amendment(s) adoption: \_\_\_\_\_, 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.

Adoption of Amendment(s) (CHECK ONE)

- ☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.
- ☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):

"The number of votes cast for the amendment(s) was/were sufficient for approval  
by \_\_\_\_\_."  
(voting group)

- ☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.
- ☒ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.

Dated 8-15-16

Signature Caridad Gonzalez  
(By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)

Caridad Gonzalez  
(Typed or printed name of person signing)

President  
(Title of person signing)

## BUREAU of VITAL STATISTICS

## CERTIFICATION OF DEATH

STATE FILE NUMBER: 2016119764

DATE ISSUED: August 11, 2016

## DECEDENT INFORMATION

STATE FILE DATE: August 10, 2016

NAME: SERGIO GONZALEZ

DATE OF DEATH: August 6, 2016

SEX: MALE

AGE: 082 YEARS

DATE OF BIRTH: September 26, 1933

SSN: 262-78-7916

BIRTHPLACE: CUBA

PLACE WHERE DEATH OCCURRED: INPATIENT

FACILITY NAME OR STREET ADDRESS: PALMETTO GENERAL HOSPITAL

LOCATION OF DEATH: HIALEAH, MIAMI-DADE COUNTY, 33016

## SURVIVING SPOUSE, DECEDENT'S RESIDENCE AND HISTORY INFORMATION

MARITAL STATUS: MARRIED

SURVIVING SPOUSE NAME: CARIDAD DELGADO

RESIDENCE: 910 WEST 33RD PLACE, HIALEAH, FLORIDA 33012, UNITED STATES

COUNTY: MIAMI-DADE

OCCUPATION, INDUSTRY: SELF EMPLOYED, CATERING

RACE: ☒ White ☐ Black or African American ☐ Asian Indian ☐ Chinese ☐ Filipino ☐ Native Hawaiian☐ American Indian or Alaskan Native--Tribe ☐ Japanese ☐ Korean ☐ Vietnamese☐ Guamanian or Chamorro ☐ Samoan ☐ Other Pacific Isl:☐ Other Asian: ☐ Other:☐ Unknown

HISPANIC OR HAITIAN ORIGIN? YES, CUBAN

EDUCATION: 9TH THRU 12TH GRADE; NO DIPLOMA

EVER IN U.S. ARMED FORCES? NO

## PARENTS AND INFORMANT INFORMATION

FATHER/PARENT: MARCOS GONZALEZ

MOTHER/PARENT: MARCELINA CARMENATE

INFORMANT: ANA MARIA VIERA

RELATIONSHIP TO DECEDENT: DAUGHTER

INFORMANT'S ADDRESS: 1060 RAVEN AVENUE, MIAMI SPRINGS, FLORIDA 33166, UNITED STATES

## PLACE OF DISPOSITION AND FUNERAL FACILITY INFORMATION

PLACE OF DISPOSITION: VISTA MEMORIAL GARDENS  
MIAMI, FLORIDA

METHOD OF DISPOSITION: ENTOMBMENT

FUNERAL DIRECTOR/LICENSE NUMBER: EMILY MARIE ERCILLA, F079910

FUNERAL FACILITY: CABALLERO RIVERO HIALEAH, F078954

373-377 WEST 9TH ST, HIALEAH, FLORIDA 33010

## CERTIFIER INFORMATION

TYPE OF CERTIFIER: CERTIFYING PHYSICIAN

MEDICAL EXAMINER CASE NUMBER: NOT APPLICABLE

TIME OF DEATH (24 hr): 1822

CERTIFIER'S NAME: JUAN R DEL RIO

CERTIFIER'S LICENSE NUMBER: ME55089

NAME OF ATTENDING PHYSICIAN (If other than Certifier): NOT ENTERED



State Registrar

REQ: 2017298890

THE ABOVE SIGNATURE CERTIFIES THAT THIS IS A TRUE AND CORRECT COPY OF THE OFFICIAL RECORD ON FILE IN THIS OFFICE.

## WARNING:

THIS DOCUMENT IS PRINTED OR PHOTOCOPIED ON SECURITY PAPER WITH WATERMARKS OF THE GREAT SEAL OF THE STATE OF FLORIDA. DO NOT ACCEPT WITHOUT VERIFYING THE PRESENCE OF THE WATERMARKS. THE DOCUMENT FACE CONTAINS A MULTICOLORED BACKGROUND, GOLD EMBOSSED SEAL, AND THERMOCHROMIC FL. THE BACK CONTAINS SPECIAL LINES WITH TEXT. THE DOCUMENT WILL NOT PRODUCE A COLOR COPY.



DH FORM 1946 (03-13)

CERTIFICATION OF VITAL RECORD



VOID IF ALTERED OR ERASED

VOID IF ALTERED OR ERASED

