

Florida Department of State
Division of Corporations
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To:
 Division of Corporations
 Fax Number : (850) 617-6380

From:
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FLORIDA
 DIVISION OF CORPORATIONS
 TALLAHASSEE, FLORIDA

COR AMND/RESTATE/CORRECT OR O/D RESIGN
N.G.M. LA CARIDAD CORP

Certificate of Status	1
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COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: N.G.M. LA CARIDAD CORP.

DOCUMENT NUMBER: P13000081926

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

Please return all correspondence concerning this matter to the following:

GRISEL BULIES

Name of Contact Person

N.G.M. LA CARIDAD CORP

Firm/ Company

6540 SW 34TH STREET

Address

MIAMI FL 33155

City/ State and Zip Code

mbulies@live.com

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

For further information concerning this matter, please call:

Miguel Angel Bulies

Name of Contact Person

at (786) 232-1804

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

H14000040782

Articles of Amendment
to
Articles of Incorporation
of

N.G.M. LA CARIDAD CORP.

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

P13000081926

(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)

8401 NW South River Dr
Medley FL 33166

C. Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)

8401 NW South River Dr
Medley FL 33166

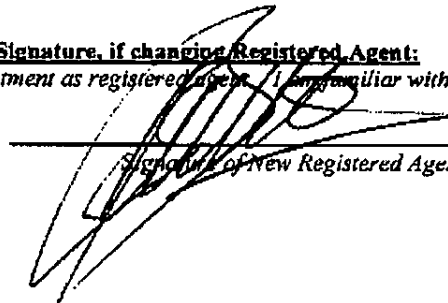
D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:

Name of New Registered Agent Miguel A Bulies
8401 NW South River Dr
(Florida street address)

New Registered Office Address: Medley, Florida 33166
(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.



Signature of New Registered Agent, if changing

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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:

☒ Change PT John Doe

☒ Remove V Mike Jones

☒ Add SV Sally Smith

Type of Action (Check One)	Title	Name	Address
1) <input type="checkbox"/> Change	<u>PRES</u>	<u>NORALIS BULIES</u>	<u>6540 SW 34TH ST</u>
<input type="checkbox"/> Add			<u>MIAMI FL 33155</u>
<input checked="" type="checkbox"/> Remove			
2) <input type="checkbox"/> Change	<u>PRES</u>	<u>MIGUEL ANGEL BULIES</u>	<u>8401 NW South River Dr</u>
<input checked="" type="checkbox"/> Add			<u>Medley FL 33166</u>
<input type="checkbox"/> Remove			
3) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			
4) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			
5) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			
6) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			

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

[illegible]

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The date of each amendment(s) adoption: February 15, 2014, if other than the date this document was signed.

Effective date if applicable: February 15, 2014
(no more than 90 days after amendment file date)

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 February 15, 2014

Signature

Grisel Bulies

(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)

GRISEL BULIES

(Typed or printed name of person signing)

SECRETARY

(Title of person signing)