P14000026515

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COVER LETTER *

TO: Amendment Section Division of Corporations

NAME OF COR	PORATION: LA HIJA DE LA	VIRGEN DE MERCEDES	, INC
	JMBER: P14000026515		
	cles of Amendment and fee are s	ubmitted for filing.	
Please return all co	orrespondence concerning this ma	atter to the following:	
	ANA CASTRO		
		Name of Contact Perso	n
	AMC PROFESSIONAL SE	RVICES INC	
		Firm/ Company	
	6921 WEST FLAGLER STI	• •	
		Address	
	MIAMI FL 33144		
		City/ State and Zip Cod	e
aı	ncaccounting86@gmail.com		
		sed for future annual report	notification)
For further inform	ation concerning this matter, plea	se call:	642-2070
Na	me of Contact Person		de & Daytime Telephone Number
Enclosed is a chec	k for the following amount made		•
■ \$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	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

LA HIJA DE LA VIRGEN DE MERCEDES INC

(Name	of Corporation as current	ly filed with the Florid:	a Dept. of State)		
P14000026515				12.00 (2.12 2.00 (2.12)	22
	(Document Number of	of Corporation (if known))		BCT .
Pursuant to the provisions of section 607 its Articles of Incorporation:	.1006, Florida Statutes, this	Florida Profit Corpora	tion adopts the follo	wing am	5
A. If amending name, enter the new n	ame of the corporation:			FLORID	જ્યાં તેમ મુખ્ય
name must be distinguishable and cor "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	nation "Corp," "Inc," or	"Co". A professional co	ncorporated" or the orporation name mi	abbrev ust conta	viation
B. Enter new principal office address,	if applicable:				
(Principal office address <u>MUST BE A S</u>					
,					
C. Enter new mailing address, if appl	icable:				
(Mailing address MAY BE A POST					
D. If amending the registered agent ar			ie name of the		
new registered agent and/or the ne	w registered office address	<u>s:</u>			
Name of New Registered Agent	ALMA JULIETTE GUTI	ERREZ			
•	2200 NW 12th AVENUE				
	(Florida str	reet address)			
N D : . 100 411	MIAMI	,	_, _, 33121	7	
New Registered Office Address:		(City)	, Florida	Zip Code)	
		(5.19)	1**	np Courty	
New Registered Agent's Signature, if c	hanging Registered Agent	:			
I hereby accept the appointment as regist	ered agent. I am familiar	with and accept the oblig	zations of the positio	n.	
. 6h					
	Signature of New I	Registered Agent, if chang	ging	—	

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.

X Change	<u>PT</u>	John Doe	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	PTSD	Guillermo Tellez Ramos	2121NW 28 STREET
Add			MIAMI FL 33142
X Remove			
2) Change	PTSD	ALMA JULIETTE GUTIERREZ	2200 NW 12TH AVENUE
X Add			MIAMI FL 33127
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change	-		
Add			
Remove			

. If amending or add (Attach additional sh	reets, if necessary).	(Be specific)				
						
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If an amendment provisions for imp (if not applicab	rovides for an exchalementing the amenole, indicate N/A)	ange, reclassifica idment if not con	tion, or cancellation tained in the amer	on of issued shares adment itself:	<u>5.</u>	
LMA JULIETTE GU	TIERREZ 100% SH	ARES				

The date of each amendment(s) adoption:, date this document was signed.	if other than the
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 no document's effective date on the Department of State's records.	be listed as the
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	
(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)	
Guillermo Tellez Ramos / Alma Juliette Gutierrez	
(Typed or printed name of person signing)	
Former President / President	

(Title of person signing)