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(Reque	estor's Name)	
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PICK-UP	MAIT	MAIL
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Certified Copies	Certificates of	f Status
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COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORA	ATION: La Herencia de C	uba inc	
DOCUMENT NUMBI	P14000050589		
The enclosed Articles of	f Amendment and fee are su	bmitted for filing.	
Please return all corresp	ondence concerning this ma	tter to the following:	
	Abraham Ramirez		
- -		Name of Contact Person	1
	La Herencia de Cuba inc		
-		Firm/ Company	
	4413 w Hiawatha st		
-	· · · · · · · · · · · · · · · · · · ·	Address	
	Tampa Fl 33614		
_	· <u>-</u>	City/ State and Zip Cod	e
	herenciadecuba@yaho	o.com	
<u> </u>		sed for future annual report	notification)
For further information Abraham Ramirez	concerning this matter, pleas	se call:	7652878
Name of Contact Person			de & Daytime Telephone Number
Enclosed is a check for	the following amount made		
□ \$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		Amend Divisio Clifton 2661 E	Address Iment Section on of Corporations Building Executive Center Circle USSEC, FL 32301

Articles of Amendment Articles of Incorporation

La Herencia de Cuba inc

(Name o	f Corporation as current	y filed with the Florida Dept. of State)	30
P14000050589			74
	(Document Number o	f Corporation (if known)	ध
Pursuant to the provisions of section 607. its Articles of Incorporation:	1006, Florida Statutes, this	Florida Profit Corporation adopts the follow	ing amendme
A. If amending name, enter the new na	me of the corporation:		
N/A			The new
	ation "Corp," "Inc," or	n," "company," or "incorporated" or the Co". A professional corporation name mus 'P.A."	abbreviation
B. Enter new principal office address,	if applicable:	N/A	
(Principal office address MUST BE A ST			
			
C. Enter new mailing address, if applie (Mailing address MAY BE A POST C		N/A	
			
D. If amending the registered agent and			
new registered agent and/or the new	N/A	<u>:</u>	
Name of New Registered Agent			
		reet address)	
New Registered Office Address:	N/A	, Florida	
		(City) (Zi _l	p Code)
New Registered Agent's Signature, if ch	anging Dogistared Agent		
		: with and accept the obligations of the position	1.
	C' (N)		 -
	Signature of New E	egistered 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 Doc	
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	V	OYARIS ROSADO	4413 W Hiawatha st
X Add			Tampa FI 33614
Remove			
2) Change			
Add			- · · · · · · · · · · · · · · · · · · ·
Remove			
3) Change			
Add			
Remove			
4) Change	 		
Add			
Remove			
5) Change	····		
Add			
Remove			
6) Change			
Add			
Remove			

N/A	litional sheets, if ne	cessary). (Be	specific)				
							
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nrovision	ndment provides for s for implementing	or an exchange, the amendmen	reciassification	n, or cancellation	on of issued snar idment itself:	<u>es.</u>	
(if no	t applicable, indica	te N/A)					
Ά							
							
							
							
				<u>.</u>			

	8/24/2017	
The date of each amendment(s) a date this document was signed.	doption:	, if other than the
date this document was signed.		
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this bedocument's effective date on the De	plock does not meet the applicable statutory filing requirements, this date repartment of State's records.	will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
☐ The amendment(s) was/were add by the shareholders was/were su	opted by the shareholders. The number of votes east for the amendment(s) afficient for approval.	
	proved by the shareholders through voting groups. The following statement each voting group entitled to vote separately on the amendment(s):	
	for the amendment(s) was/were sufficient for approval	
by	(voting group)	
•	(voting group)	
	opted by the board of directors without shareholder action and shareholder	
The amendment(s) was/were add action was not required.	opted by the incorporators without shareholder action and shareholder	
8/24/201 Dated	7	
	straus 1	
	irector, president or other officer - if directors or officers have not been	
	d, by an incorporator – if in the hands of a receiver, trustee, or other court ted fiduciary by that fiduciary)	
	Abraham Ramirez	
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	