## रा५०००८। ५५२

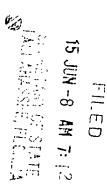
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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPOR	ATION: CUBA BUSINESS	S CONSULTING GROUP,	INC.
DOCUMENT NUME			
	of Amendment and fee are su	ibmitted for filing.	
Please return all corres	pondence concerning this ma	tter to the following:	
	ISMAEL O SENE		
•		Name of Contact Persor	1
		Firm/ Company	
	200 S. Biscayne Blvd. Suite		
		Address	
	Miami Florida 33131		
		City/ State and Zip Code	C
	E-mail address: (to be us	sed for future annual report	notification)
For further information	concerning this matter, pleas	se call:	
Ismael Sene		at (	
Name o	of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for	the following amount made	payable to the Florida Depa	artment 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)
Ame Divis P.O.	ing Address ndment Section sion of Corporations Box 6327 thassee, FL 32314	Amend Divisio Clifton	Address ment Section on of Corporations Building xecutive Center Circle

Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of

CUBA BUSINESS CONSULTING GROUP, INC		
· · · · · · · · · · · · · · · · · · ·	tly filed with the Florida Dept. of State)	
P15000011442		
(Document Number	of Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation:	s Florida Profit Corporation adopts the following amendment(s) to	
A. If amending name, enter the new name of the corporation:		
•	The new	
name must be distinguishable and contain the word "corporati "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or word "chartered," "professional association." or the abbreviation	on," "company," or "incorporated" or the abbreviation "Co". A professional corporation name must contain the	
B. Enter new principal office address, if applicable:	200 S. BISCAYNE BLVD SUITE 2790	
(Principal office address <u>MUST BE A STREET ADDRESS</u> )	MIAMI FL 33131	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	200 S. BISCAYNE BLVD SUITE 2790	
	MIAMI FL. 33131	
D. If amending the registered agent and/or registered office address new registered agent and/or the new registered office address		
Name of New Registered Agent		
(Florida s	treet address)	
New Registered Office Address: 200 S BISCAYNE BLVI	O SUITE 2790 MIAMI , Florida , Florida	
110, 10gistor ou office 11un ess.	(City) (Zip Code)	
New Registered Agent's Signature, if changing Registered Agen		
I hereby accept the appointment as registered agent. I am familian	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: 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)	Title	<u>Name</u>	<u>Addres</u> s
1) Change	D	ALEJANDRO VASQUEZ	782 NW 42nd Ave Suite 636
Add			Miami Fl 33126
x Remove			
2) Change	D/V	Bridgette Alvarez	80 NW 22 Avenue Miami Fl
XAdd		•	33125
Remove 3) X Change	P/D	ISMAEL O SENE	170 Ponce di lean Si
Add		<del>-</del>	BOYAL POLLE DE BEACH
Remove			Fc 33411
4) Change	<del></del>		· 
Add			
Remove			
5) Change	<u></u>		<u></u>
Add			
Remove		•	<del></del>
6) Change			
Add			
Remove			

(Attach additional sheets, if necessary).	icles, enter change(s) here: (Be specific)
	•
	·
	· · · · · · · · · · · · · · · · · · ·
provisions for implementing the amer	nange, reclassification, or cancellation of issued shares, ndment if not contained in the amendment itself:
(if not applicable, indicate N/A)	

The date of each amendment(s) a date this document was signed.	option:, if other than the
Effective date <u>if applicable</u> :	
	(no more than 90 days after amendment file date)
Note: If the date inserted in this document's effective date on the D	ock does not meet the applicable statutory filing requirements, this date will not be listed as the partment of State's records.
Adoption of Amendment(s)	(CHECK ONE)
☐ The amendment(s) was/were act by the shareholders was/were s	oted by the shareholders. The number of votes cast for the amendment(s) ficient for approval.
	roved by the shareholders through voting groups. The following statement each voting group entitled to vote separately on the amendment(s):
	or the amendment(s) was/were sufficient for approval
by	(voting group)
	(voting group)
■ The amendment(s) was/were adaction was not required.	oted by the board of directors without shareholder action and shareholder
action was not required	oted by the incorporators without shareholder action and shareholder
(By a	rector, president or other officer - if directors or officers have not been
	, by an incorporator – if in the hands of a receiver, trustee, or other court
appoi	ed fiduciary by that fiduciary)
	Somail O. Seni, President
	(Typed or printed name of person signing)
	President
	(Title of person signing)