## P15000033858

(Re	equestor's Name)		
(Ac	ddress)		
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(Ci	ity/State/Zip/Phone#	<del>)</del>	
PICK-UP	☐ WAIT	MAIL	
(В	usiness Entity Name	)	
(Document Number)			
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## FLORIDA DEPARTMENT OF STATE Division of Corporations

July 7, 2015

Leidis Y. Bedoya 1555 Semoran Blvd. Suite 1021 Winter Park, FL 32792

SUBJECT: SI SE PUEDE INC Ref. Number: P15000033858



We have received your document for SI SE PUEDE INC, however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$35.00.

The date of adoption of each amendment must be included in the document.

Please check the appropriate box on the amendment form regarding the adoption of the amendment(s).

The name and title of the person signing the document must be noted beneath or opposite the signature.

If the corporation is a **PROFIT** corporation it must be signed 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.

If the corporation is a <u>NOT FOR PROFIT</u> corporation it must be signed by the chairman or vice chairman of the board, president or other officer - if directors have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary.

The document is incomplete. Page 4 is missing. I have enclosed a blank page 4 for you to fill out and return to us when you resubmit the entire document.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.



Annette Ramsey Regulatory Specialist II

Letter Number: 415A00014128

## **COVER LETTER**

TO: Amendment Section Division of Corporation			
NAME OF CORPOR	RATION: 51 5e	puede Inc	
DOCUMENT NUME	RATION: <u>51 Se</u> BER: <u>P150000</u>	33 <u>8</u> 58	
	of Amendment and fee are su		
Please return all corres	spondence concerning this ma	tter to the following:	
	Leidis 4. B	l laur	
	Leidis "E	Name of Contact Person	1
		Firm/ Company	
	1555 Jemora	n Blvd Suite	- 60
	1555 Semoran	- FL 3279	2
•	<del>-                                    </del>	City/ State and Zip Cod	e
	FpInsurance	@gmail.com	
<del></del>	E-mail address: (to be us	sed for future annual report	notification)
For further information	n concerning this matter, pleas	se call:	
<u>Leidis</u> Y	Sedo Ya of Contact Person	at (	de & Daytime Telephone Number
	r the following amount made p	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)
G Amc Divi	ling Address endment Section sion of Corporations Box 6327 ahassee, FL 32314	Amend Division Clifton 2661 E	Address Iment Section on of Corporations Building executive Center Circle assee, FL 32301
S. S.	X0068	35,005	63, O4135

## Articles of Amendment to Articles of Incorporation

Atticity: of the	· · · · · · · · · · · · · · · · · · ·
5; Se puede Inc	FILED
	ly filed with the Florida Dept. of Stares JUL 20 PM 3: 09
P15000033	
	of Corporation (if known) TALL AMABSEE, FEORIDA
Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation:	Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
Si Puedes Inc	The new
name must be distinguishable and contain the word "corporation "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc.," or word "chartered." "professional association," or the abbreviation	on." "company," or "incorporated" or the abbreviation "Ce". A professional corporation name must contain the
B. Enter new principal office address, if applicable:	1555 Semoran Blud suite loca
(Principal office address <u>MUST BE A STREET ADDRESS</u> )	1555 Semoran Blvd Svile 1021C. Winter Park FL 32792.
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
(maining address MATT BEATT OST OF FIELD BOX)	
D. If amending the registered agent and/or registered office add new registered agent and/or the new registered office address	
Name of New Registered Agent	
(Florida st	reet address)
New Registered Office Address:	, Florida
	(City) (Zip Code)
New Registered Agent's Signature, if changing Registered Agent I hereby accept the appointment as registered agent. I am familiar	
	= Leidis 4 Bedoya
Signature of New	Registered Agent if changing

Address of each Officer (Attach additional sheets, Please note the officer/di. P = President; V = Vice Executive Officer; CFO held. President, Treasure Changes should be noted	and/or I if neces, rector tit Presiden = Chief r, Direct in the fo wes the c	Director being added: sary)  le by the first letter of the office title: at; T= Treasurer; S= Secretary; D= L Financial Officer If an officer/director would be PTD. bllowing manner. Currently John Doestorporation, Sally Smith is named the	of each officer/director being removed and title, name, and Director; TR= Trustee; C = Chairman or Clerk; CEO = Chief for holds more than one title, list the first letter of each office is listed as the PST and Mike Jones is listed as the V. There is V and S. These should be noted as John Doe, PT as a Change,
X Change	<u>PT</u>	John Doe	
X Remove	$\underline{\mathbf{v}}$	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		_	
Add			
Remove			
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change		_	
Add			No restrict to the second seco
Remove			
5) Change			

_ Add		 
Remove		

\_\_\_\_ Add

6) \_\_\_\_ Change

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4 do £ sys 9		
(if not applicable, indicate WA)		
provisions for implementing the amendment it not contained in the amendment itself:		
F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares,		
·		

The date of each amendment(s) adoption:	07-17-15, if other than the
date this document was signed.	
Effective date if applicable:	07-17-15.
(no m	ore than 90 days after amendment file date)
Note: If the date inserted in this block does not meet document's effective date on the Department of State's	the applicable statutory filing requirements, this date will not be listed as the records.
Adoption of Amendment(s) (CHECK C	<u>ONE</u> )
The amendment(s) was/were adopted by the shareho by the shareholders was/were sufficient for approva	
☐ The amendment(s) was/were approved by the sharch must be separately provided for each voting group of	
"The number of votes cast for the amendment(	**
by(voting gro	
(voting gro	<i>up)</i>
☐ The amendment(s) was/were adopted by the board of action was not required.	f directors without shareholder action and shareholder
☐ The amendment(s) was/were adopted by the incorporaction was not required.	rators without shareholder action and shareholder
Dated	15
Signature	Jecais Y Bedaya
	other officer – if directors or officers have not been or – if in the hands of a receiver, trustee, or other court
appointed fiduciary by that	
A	Levais Y. Bedoya
(Typed	or printed name of person signing)
	(Title of person signing)
	(Title of person signing)