

P190000 16745

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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☐

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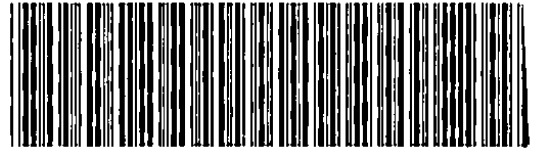
(Business Entity Name)

(Document Number)

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19 OCT -2 AM 6:39  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

OCT 18 2019

S. YOUNG

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**NAME OF CORPORATION:** ISLA DE CUBA, INC

**DOCUMENT NUMBER:** P19000016745

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

Please return all correspondence concerning this matter to the following:

ARMANDO PENA

Name of Contact Person

BOOKKEEPING, TAX & IMMIGRATION SERVICES, INC

Firm/ Company

5369 25TH AVE SW

Address

NAPLES, FL 34116

City/ State and Zip Code

armando@bookkeepingnaplesflorida.com

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

For further information concerning this matter, please call:

HARLENNYS VEGA

Name of Contact Person

239

692-5869

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

Articles of Amendment  
to  
Articles of Incorporation  
of

ISLA DE CUBA, INC

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

P19000016745

(Document Number of Corporation (if known))

Pursuant to the provisions of section 607.1006, Florida Statutes, this *Florida Profit Corporation* adopts the following am its Articles of Incorporation:

A. If amending name, enter the new name of the corporation:

The name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbrev. "Corp.," "Inc.," or "Co.," or the designation "Corp.," "Inc.," or "Co.". A professional corporation name must contain 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)

9550 SW 40TH ST

MIAMI, FL 33165

C. Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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

DELIA CARIDAD HERNANDEZ LEYVA

649 WEST 60TH ST

(Florida street address)

New Registered Office Address:

HIALEAH

Florida

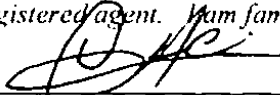
33012

(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

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and the 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; Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter 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 1 a change. Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example:

X Change                      PT      John Doe

X Remove                     V      Mike Jones

X Add                         SV      Sally Smith

Type of Action (Check One)	Title	Name	Address
1) <input type="checkbox"/> Change	<u>PT</u>	<u>HARLENNYS VEGA</u>	<u>4998 17TH PL SW</u>
<input type="checkbox"/> Add			<u>NAPLE, FL 34116</u>
<input checked="" type="checkbox"/> Remove			<u></u>
2) <input type="checkbox"/> Change	<u>PT</u>	<u>Delia C Hernandez Leyva</u>	<u>649 WEST 60TH ST</u>
<input checked="" type="checkbox"/> Add			<u>HIALEAH, FL 33012</u>
<input type="checkbox"/> Remove			<u></u>
3) <input type="checkbox"/> Change	<u>VP</u>	<u>JULIO IGLESIAS</u>	<u>4998 17TH PL SW</u>
<input type="checkbox"/> Add			<u>NAPLE, FL 34116</u>
<input checked="" type="checkbox"/> Remove			<u></u>
4) <input type="checkbox"/> Change	<u></u>	<u></u>	<u></u>
<input type="checkbox"/> Add			<u></u>
<input type="checkbox"/> Remove			<u></u>
5) <input type="checkbox"/> Change	<u></u>	<u></u>	<u></u>
<input type="checkbox"/> Add			<u></u>
<input type="checkbox"/> Remove			<u></u>
6) <input type="checkbox"/> Change	<u></u>	<u></u>	<u></u>
<input type="checkbox"/> Add			<u></u>
<input type="checkbox"/> Remove			<u></u>



The date of each amendment(s) adoption: 09/29/2019, if  
date this document was signed.

Effective date if applicable: 09/29/2019  
(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):*

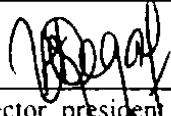
"The number of votes cast for the amendment(s) was/were sufficient for approval

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 09/29/2019

Signature   
(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)

HARLENNYS VEGA

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)