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TALL SHASSEE FLORID

C. CARROTHERS

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION		ILITACION Y ALBERGUE	LEVANTADOS Y RESTAURADOS P
DOCUMENT NUMBER:	N14000006198		
DOCUMENT NUMBER:			
The enclosed Articles of Am	endment and fee are subm	itted for filing.	
Please return all corresponde	ence concerning this matter	to the following:	
EVELYN MORELL			
	(Name of Contact Person)	••
VALUE TAX PREP			
	,	(Firm/ Company)	
902 W LUMSDEN RD STE	E 106		
		(Address)	
BRANDON, FL 33511			
	(City/ State and Zip Code)	
EVELYN@VALUETAXPI	REP.COM		
E	-mail address: (to be used	for future annual report notific	ation)
For further information conc	erning this matter, please o	all:	
EVELYN MORELL		813 at	444-4466
	(Name of Contact Person)	(Area Co	de) (Daytime Telephone Number)
Enclosed is a check for the f	ollowing amount made pay	able to the Florida Departmen	t of State:
□ \$35 Filing Fee	■\$43.75 Filing Fee & [Certificate of Status	Certified Copy C (Additional copy is enclosed) C	52.50 Filing Fee ertificate of Status ertified Copy Additional Copy is Enclosed)
Mailing A	<u>.ddress</u>	Street Addre	ess.

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

HOGAR DE REHABILITACION Y ALBERGUE "LEVANTADOS Y RESTAURADOS POR EL GRAN YO SOY" INC.

(Name of Corporation a	as currently filed with the Florida Dept. of Sta	ate)		
N14000006198				
(Docume	ent Number of Corporation (if known)			
Pursuant to the provisions of section 617.1006, Flori amendment(s) to its Articles of Incorporation:	da Statutes, this Florida Not For Profit Corpord	ation adopts t	he follov	wing
A. If amending name, enter the new name of the	corporation:			
			The	new
name must be distinguishable and contain the word "Company" or "Co." may not be used in the name. B. Enter new principal office address, if applicab (Principal office address MUST BE A STREET AL	ıle:	iation "Corp	" or "In	ıc. ''
	· · · · · · · · · · · · · · · · · · ·			
			, ,	- 53
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B	OX)			را ال
			بِينَ إِنْ	
			71 G	
				_ <u>F</u>
D. If amending the registered agent and/or regist		of the		7: 0
new registered agent and/or the new registere	d office address:		Y -	~D
Name of New Registered Agent:	VALUE TAX PREP			
	902 W LUMSDEN RD STE 106			
-	(Florida street address	;)		
<u>New Registered Office Address</u> :				
_	BRANDON,	Florida	1	
	(City)	(Zip Code)		
New Registered Agent's Signature, if changing Reliable I hereby accept the appointment as registered agent.		of the positio	n.	
_	1/1			

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 X Remove X Add	PT John D V Mike Jo SV Sally S	ones	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change	AD	ZAMOT, LUIS A.	1812 HARTEL AVE
Add			PHILADELPHIA, PA 19111
X Remove			
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Add Remove			
Kemove			
5) Change			
Add			
Remove			
6) Change			
Add Remove			

c. If amending or adding additional (attach additional sheets, if necess).	al Articles, enter cl ary). (Be specific	hange(s) here:			
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<u> </u>					

t ne date of each amendmen date this document was signed	• •	_, if other than the
Effective date <u>if applicable</u> :	09/09/2016	
ir applicable.	(no more than 90 days after amendment file date)	
	this block does not meet the applicable statutory filing requirements, this date will not the Department of State's records.	be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/was/were sufficient for a	were adopted by the members and the number of votes cast for the amendment(s) approval.	
adopted by the board of Dated Signature (By the have other)	members entitled to vote on the amendment(s). The amendment(s) was/were directors. Muscle Laws De chairman or vice chairman of the board, president or other officer-if directors not been selected, by an incorporator – if in the hands of a receiver, trustee, or recourt appointed fiduciary by that fiduciary) NEABELLE TORRES (Typed or printed name of person signing)	_
P.	RESIDENT	
	(Title of person signing)	