N1900000 3136

| (Requestor's Name) |
|---|
| (Address) |
| (Address) |
| (City/State/Zip/Phone #) |
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ALBRITTON

COVER LETTER

TO: Amendment Section Division of Corporations

| NAME OF CORPORATION: Casa F | Refugio de | Amor Inc. |
|--|---|--------------------------------------|
| | _ | |
| DOCUMENT NUMBER: N1900 | 0003136 | |
| The enclosed Articles of Amendment and fee are subn | nitted for filing. | |
| Please return all correspondence concerning this matte | r to the following: | |
| Ceicar T Vant | va Caba | ^ |
| César J. Vent | Name of Contact Person | <u> </u> |
| | frame or connect of the | • |
| | | |
| | (Firm/ Company) | |
| | _ | |
| 3329 99th St | E | |
| | | |
| Palmetto, Flor | rida, 342. | 21 |
| | (City/ State and Zip Code | (*) |
| and a standard | marine Q | amail.com |
| casare fugio de e | for future annual report | notification) |
| | | |
| For further information concerning this matter, please | call: | |
| Cesar J. Ventura (Name of Contact Person | a han at | (941) 981-2130 |
| (Name of Contact Person |) (Ar | rea Code) (Daytime Telephone Number) |
| Enclosed is a check for the following amount made pa | syable to the Florida Dep | artment of State: |
| \$\$35 Filing Fee □\$43.75 Filing Fee & | □\$43.75 Filing Fee & | □\$52.50 Filing Fee |
| Certificate of Status | Certified Copy | Certificate of Status |
| | (Additional copy is | Certified Copy (Additional Copy is |
| | enclosed) | Enclosed) |
| Mailing Address | Etruat | Address |
| Amendment Section | Mailing Address Street Address Amendment Section Amendment Section | |
| Division of Corporations | Divisio | on of Corporations |

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, Fl. 32303



March 23, 2020

CESAR J. VENTURA CABAN 3329 99TH ST E PALMETTO, FL 34221

SUBJECT: CASA REFUGIO DE AMOR INC.

Ref. Number: N19000003136

We have received your document for CASA REFUGIO DE AMOR INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document you submitted has been prepared pursuant to profit statutes (chapter 607, Florida Statutes). As the entity was originally filed as a nonprofit corporation, this document should be filed pursuant to chapter 617, Florida Statutes.

We are enclosing the proper form(s) with instructions for your convenience.

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.

Letter Number: 620A00006225

Irene Albritton Regulatory Specialist II

Articles of Amendment Articles of Incorporation of

| Casa Refugio di | e Amor Inc |
|---|---|
| (Name of Corporation as currently filed with the Florid | |
| N 19 0000 | 003136 |
| | mber of Corporation (if known) |
| Pursuant to the provisions of section 617.1006. Florida Stat amendment(s) to its Articles of Incorporation: | tutes, this Florida Not For Profit Corporation adopts the following |
| A. If amending name, enter the new name of the corpor | ration: |
| | The new |
| name must be distinguishable and contain the word "corpo "Company" or "Co." may not be used in the name. B. Enter new principal office address, if applicable: | oration" or "incorporated" or the abbreviation "Corp" or "Inc" |
| (Principal office address MUST BE A STREET ADDRES | <u>SS</u>) |
| C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) | 2020 FR 13 P |
| D. If amending the registered agent and/or registered of new registered agent and/or the new registered office | |
| Name of New Registered Agent: | |
| New Registered Office Address: | (Florida street address) |
| | , Florida |
| | (City) (Zip Code) |
| New Registered Agent's Signature, if changing Register I hereby accept the appointment as registered agent. I am | ed Agent: 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 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 | $\frac{PT}{\underline{V}}$. $\frac{\underline{V}}{\underline{S}\underline{V}}$ | John Doe Mike Jones Sally Smith | |
|------------------------------------|---|--|----------------------|
| Type of Action (Check One) | <u>Title</u> | <u>Name</u> | Address |
| 1) Change Add | | | |
| Remove | | | |
| 2) Change Add | | | |
| Remove 3) | | | |
| 4) Change Add | | | |
| Remove | | | |
| 5) Change Add | | | |
| Remove | | | |
| 6) Change Add | | | |
| Remove | | | |
| E. If amending or additional sheet | | onal Articles, enter change(s) here: essary). (Be specific) | |
| Article s | Scct | ion III | |
| The, | 200 | profit corporation is | = organized |
| exclusive ! | 1 bu | profit corporation is | igious, Felesiastic, |
| Spiritual | Fa | ther hood and Edyca | tional, the |
| creation | _ of | distributions to | organizations |

| that qualify as excempt under section | <u>501</u> (c) 3 |
|--|---------------------|
| of the Internal Prevenue Code. By virtue of | his |
| call being the principal administrator of | this |
| organization, the founder Rev. Cesar J. Ventur | a Caban |
| and Rev. Yomara Vazquez Rivera are reco | inized |
| as ordained ministers. All other candida | |
| to get ordained licensed must have the r | icc esary |
| experience and gyalifications. As establ | ished |
| by the founder, he have demonstrated his | |
| ability to undertake the responsibility of | |
| a gospel ministry. The ordination will k | |
| for local and international comunity mini | strics |
| to be foundated for the establishment | and |
| as show of support. | |
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| | |
| The date of each amendment(s) adoption: date this document was signed. | , if other than the |
| Effective date if applicable: | |
| (no more than 90 days after amendment file date) | |

 $\underline{\textbf{Note:}}$ If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Adoption of Amendment(s)

(CHECK ONE)

The amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s) was/were sufficient for approval.

| | he board of directors. |
|------|--|
| Date | 4/6/2020 |
| Sigr | nature |
| | (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) |
| | Cesar J. Ventura Cabar (Typed or printed name of person signing) |
| | President / Reverend |
| | (Title of person signing) |