

**N08000011076**

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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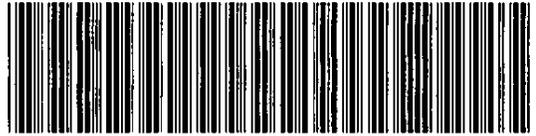
(Business Entity Name)

(Document Number)

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07/28/09--01032--013 \*\*35.00

**FILED**  
09 JUL 28 AM 10:55  
SECRETARY OF STATE,  
TALLAHASSEE, FLORIDA

*Amend*  
**C.COULLETTE**

JUL 30 2009

**EXAMINER**

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Casa Esperanza Project, Inc.  
(Name of Corporation)

**DOCUMENT NUMBER:** N08000011076

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

Please return all correspondence concerning this matter to the following:

Carlos A. Acosta

(Name of Person)

Casa Esperanza Project, Inc.

(Name of Firm/Company)

14100 SW 144th Avenue

(Address)

Miami, Florida 33186

(City/State and Zip Code)

For further information concerning this matter, please call:

Deliana Rojas

(Name of Person)

at ( 305 ) 398-7999 Ext. 1123

(Area Code & Daytime Telephone Number)

Enclosed is a check for \$35.00 made payable to the Florida Department of State.

**Street Address:**

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

**Mailing Address:**

Amendment Section  
Division of Corporations  
Post Office Box 6327  
Tallahassee, FL 32314

Articles of Amendment  
to  
Articles of Incorporation  
of

CASA ESPERANZA PROJECT, INC.

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

N08000011076

(Document Number of Corporation (if known))

Pursuant to the provisions of section 617.1006, Florida Statutes, this *Florida Not For Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

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

N/A

The new name must be distinguishable and contain the word "corporation" or "incorporated" or the abbreviation "Corp." or "Inc." "Company" or "Co." may not be used in the name.

B. Enter new principal office address, if applicable:  
(Principal office address MUST BE A STREET ADDRESS)

N/A

C. Enter new mailing address, if applicable:  
(Mailing address MAY BE A POST OFFICE BOX)

N/A

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:

N/A

New Registered Office Address:

(Florida street 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 with and accept the obligations of the position.

\_\_\_\_\_  
Signature of New Registered Agent, if changing

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The date of each amendment(s) adoption: 07/27/09  
*(date of adoption is required)*

Effective date if applicable: \_\_\_\_\_  
*(no more than 90 days after amendment file date)*

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.
- There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors.

Dated 07/27/09

Signature  \_\_\_\_\_

(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)

Carlos A. Acosta

(Typed or printed name of person signing)

President

(Title of person signing)