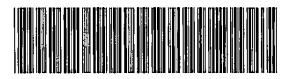


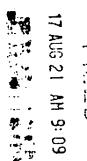
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PICK-UP	☐ WAIT	MAIL
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(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to I	Filing Officer:	
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Office Use Only



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(JOC 23 2017

R. WHILE

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	PERLA DE ESPI	ERANZA, INC	
DOCUMENT NUM	N0900006012		
The enclosed Articles	of Amendment and fee are su	bmitted for filing.	
Please return all corre	spondence concerning this ma	tter to the following:	
	ROXANA B SILVERA		
		Name of Contact Person	n
	PERLA DE ESPERANZA,	INC	
	<u></u> .	Firm/ Company	
	8180 N.W. 36TH STREET	, SUITE 100-I	
		Address	
	DORAL, FLORIDA 33166		
		City/ State and Zip Cod	¢ .
pe	rladeesperanza@gmail.con	n	
	E-mail address: (to be used for future annua	l report notification)
For further informatic	on concerning this matter, pleas	se call:	
ROXANA B SILVE	RA	786 at (486-8970
Name	of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for	or the following amount made	payable to the Florida Dep	artment of State:
S35 Filing Fee	☐S43.75 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)
Am Div P.G	illing Address lendment Section dision of Corporations lendment Section display to the section of S	Ameno Divisio Cliftor 2661 I	Address Ilment Section on of Corporations of Building Executive Center Circle assee, FL 32301



July 31, 2017

ROXANA B SILVERA 8180 NW 36TH ST STE 100-1 DORAL, FL 33166

SUBJECT: PERLA DE ESPERANZA INC

Ref. Number: N09000006012

We have received your document for PERLA DE ESPERANZA 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 form you have submitted is for a profit corporation to become a profit/social benefit corporation. Please see the enclosed information and complete the correct form for amending a Florida not for profit corporation.

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.

Rebekah White Regulatory Specialist II

Letter Number: 617A00015387

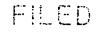
RECEIVED

17 AUG 21 PM 83 4,8

19 PRANTED FOR STAFF

10 PRANTED FO

Articles of Amendment to Articles of Incorporation of



17 AUG 21 AM 9: 09

PERLA DE ESPERANZA. INC		The state of the s	ing the graph of the second of
(Name of Corporation as currently	filed with the Florida D	ept. of State)	
N09000006012			
(Document Number	of Corporation (if known)		
Pursuant to the provisions of section 607,1006, Flor Incorporation:	rida Statutes, this <i>corpora</i>	tion adopts the following a	imendment(s) to its Articles o
A. If amending name, enter the new name of the	corporation:		
NONE			The new
name must be distinguishable and contain the w "Corp.," "Inc.," or Co.," or the designation "Co. word "chartered," "professional association," or the B. Enter new principal office address, if applicate	rp," "Inc." or "Co". A he abbreviation "P.A."	npany," or "incorporated projessional corporation)	" or the abbreviation name must contain the
(Principal office address MUST BE A STREET AL			
			
			
C. Enter new mailing address, if applicable: tMailing address MAYBE A POST OFFICE B	<u></u>	,	
	-		
D. If amending the registered agent and/or regist	tered office address in F	<u>lorida, enter the name of</u>	<u>the</u>
new registered agent and/or the new registere	d of fice address:		
Name of New Registered Agent			
	(Florida street add	ress)	
None Descriptional (Allinos Addresses		, Florida	
New Registered Office Address:	(City)	1101104	(Zip Code)
New Registered Agent's Signature, if changing R	legistered Agent:		
I hereby accept the appointment as registered agent	. I am familiar with and	accept the obligations of th	he 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 ådditional 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	<u>PT</u>	John De	<u>oe</u>	
X Remove	<u>V</u>	Mike Jo	<u>mes</u>	
X Add	<u>8V</u>	Sally Sa	mith	
Type of Action (Check One)	<u>Title</u>		<u>Name</u>	<u>Addres</u> s
1) Change	D	_	IVONNE FERNANDEZ	3710 NW 106TH DRIVE, MIAML ELORIDA 33065
Add x Remove				
2) Change Add	D	- -	MARIA FERNANDA LOPE	2699 NW 123 Plo MAM, TU. 33182
Remove 3) Change Add	D		Alejandra Luco	8330 NW 36 ST ept 1200 DOML, TQ 33178
Remove 4) Change Add		_		DO/9C, 14.
RemoveAddRemove		_		
6) Change Add		_		
Remove				

The general and/or specific public b follows (optional):	enefit(s) to be created by the corporation (in addition to its general purpose) i
<u> </u>	
The additional qualifications of Ben-	efit Director(s), if any, are as follows:
•	
	Benefit Director(s) and/or Benefit Officer(s), if any:
The name(s) and address(es) of the I	Benefit Director(s) and/or Benefit Officer(s), if any; Name and Title:
The name(s) and address(es) of the I Name and Title:	Benefit Director(s) and/or Benefit Officer(s), if any; Name and Title:
The name(s) and address(es) of the I Name and Title:	Benefit Director(s) and/or Benefit Officer(s), if any: Name and Title: Address:
The name(s) and address(es) of the F Name and Title:	Benefit Director(s) and/or Benefit Officer(s), if any: Name and Title: Address: (Include attachment if necessary)
The name(s) and address(es) of the F Name and Title:	Benefit Director(s) and/or Benefit Officer(s), if any: Name and Title: Address:

is:	
The public benefit for which the corporation	is organized is:
The specific public benefit(s) to be created by	y the corporation (in addition to the above) is/are as follows (optional):
•	
The additional auglifications of Renefit Direct	etor(s), if any, are as follows:
The name(s) and address(es) of the Benefit F	Director(s) and/or Benefit Officer(s), if any:
Name and Title:	
Address:	Address:
715	nelude attachment if necessary)
	·
tion of the control o	fired minimum status vote, terminates its status as a Florida Profit Social F.S. The revised purpose for which the corporation is organized is as fo
Corporation in accordance with s. 607-505.	carrie a sile a el como demiliar de asse a constanta que establica maracia de configuração de con como como co
Corporation in accordance with s. 607.505. E	• • • • • • • • • • • • • • • • • • • •

	If amending or adding additional Articles, e (Attach additional sheets, if necessary). (Be	e specific)
	<u>,</u>	
_		
		and a set of the second and the seco
	provisions for implementing the amendment	eclassification, or cancellation of issued shares, if not contained in the amendment itself:
	(if not applicable, indicate N/A)	
_		
	 -	
_		

	07/18/2017	
The date of each amendment(s) adopt	tion:	, if other than the
date this document was signed. 07/18/2	2017	
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file date)	
Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/were adopted by the shareholders was/were suffic	by the shareholders. The number of votes cast for the amendment(s) ient for approval.	
☐ The amendment(s) was/were approve must be separately provided for eac	ed by the shareholders through voting groups. The following statement th voting group entitled to vote separately on the amendment(s):	
"The number of votes east for	the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
action was not required.	I by the board of directors without shareholder action and shareholder I by the incorporators without shareholder action and shareholder	
07/18/2017	<u>.</u>	
Dated	Ochma I Selven	
selected, b	tor/ president or other officer – if directors or officers have not been yan incorporator – if in the hands of a receiver, trustee, or other court fiduciary by that fiduciary)	
RC	DXANA B SILVERA	
	(Typed or printed name of person signing)	
PF	RESIDENT/FOUNDER	
	(Title of person signing)	