N11000010945

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(Re	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	!
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SECREDARY OF STATE

JUL 0 8 2014 C. CARROTHERS

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: CASA D	E RESTAURACION UN NUE	VO COMIENZO, INC.		
DOCUMENT NUMBER: N1100001094				
The enclosed Articles of Amendment and	fee are submitted for filing.			
Please return all correspondence concernir	ng this matter to the following:			
LUIS R TORRES				
	Name of Contact I	Person		
CASA DE RESTAI	CASA DE RESTAURACION UN NUEVO COMIENZO EN DIOS, INC.			
	Firm/ Company			
187 E CEDARWO	OD DR	•		
	Address			
KISSIMMEE, FL 3	4743			
	City/ State and Zip	Code		
INFO@ABRAHAMFINA	ANCIAL.COM			
•	: (to be used for future annual r	eport notification)		
For further information concerning this ma	atter, please call:			
LUIS R TORRES	at (321	284-6084		
Name of Contact Person	Ar	ea Code & Daytime Telephone Number		
Enclosed is a check for the following amor	unt made payable to the Florida	Department of State:		
S35 Filing Fee S43.75 Filing Certificate of	-	Certificate of Status		
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	A S D C 2	treet Address Immediate Section Division of Corporations Clifton Building 661 Executive Center Circle Callahassee, FL 32301		

Articles of Amendment to Articles of Incorporation of

	atly filed with the Florida Dept. of State)	
N11000010945		
(Document Number	of Corporation (if known)	
Pursuant to the provisions of section 607,1006, Florida Statutes, thits Articles of Incorporation:	is Florida Profit Corporation adopts the follo	owing amendment(s) to
A. If amending name, enter the new name of the corporation:		
CASA RESTAURACION UN NUEVO COMIENZO EN DIOS, I	NC.	The new
name must be distinguishable and contain the word "corporat" "Corp.," "Inc.," or Co.," or the designation "Corp." "Inc.," or word "chartered," "professional association," or the abbreviation B. Enter new principal office address, if applicable:	"Co". A professional corporation name m	ust confain the
(Principal office address MUST BE A STREET ADDRESS)		29 \$33 \$33
		5 6
C. Enter new mailing address, if applicable:	PO BOX 452222	AM 10: 00 OF STATE
(Mailing address <u>MAY BE A POST OFFICE BOX</u>)	WIGHLANDER BY 24745	
	KISSIMMEE, FL 34745	
		<u> </u>
D. If amending the registered agent and/or registered office ad new registered agent and/or the new registered office address.		
Name of New Registered Agent		
(Florida :	street address)	
New Registered Office Address:	, Florida	
	(City)	Zip Code)
New Registered Agent's Signature, if changing Registered Age	nt'	
I hereby accept the appointment as registered agent. I am familia		on.
Signature of Man	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	PT John	<u>Doc</u>	
X Remove	<u>V</u> <u>Mike</u>	e Jones	
$X \wedge dd$	<u>SV</u> <u>Sally</u>	y Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change	Treasure	Guadalupe, Jorge E	2845 Running Brook Cir.
Add			Kissimmee, FL. 34744
X Remove			
2)Change	Treasure	Perez, Marta I	1013 Westwinds Dr
X Add			Davenport, FL. 33837
Remove			
3.) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove		t .	
6) Change			
Add			
Remove			

	, if necessary). (i	Be specific)			
					
					
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an amendment provid	des for an exchang	ge, reclassification	and in the amonds	mama itualfa	
rovisions for impleme	enting the amenda	nent if not contain	ned in the amendr	nent itself:	
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<u>rovisions for impleme</u>	enting the amenda	nent if not contain	ned in the amendr	nent itself:	

The date of each amendment(s) adoption:	, if other than th
date this document was signed.	•
06/15/2015 Effective date if applicable:	
(no more than 90 days after o	amendment file date)
Note: If the date inserted in this block does not meet the applicable statutor document's effective date on the Department of State's records.	y filing requirements, this date will not be listed as th
Adoption of Amendment(s) (CHECK ONE)	
■ The amendment(s) was/were adopted by the shareholders. The number of v by the shareholders was/were sufficient for approval.	otes cast for the amendment(s)
☐ The amendment(s) was/were approved by the shareholders through voting g must be separately provided for each voting group entitled to vote separate	
"The number of votes cast for the amendment(s) was/were sufficient for	or approval
by	, n
by	
☐ The amendment(s) was/were adopted by the board of directors without share action was not required.	eholder action and shareholder
The amendment(s) was/were adopted by the incorporators without sharehold action was not required.	der action and shareholder
Dated	
Signature Letter	
(By a director, president or other officer - if direct	
selected, by an incorporator – if in the hands of a r	eceiver, trustee, or other court
appointed fiduciary by that fiduciary)	
Hecker J. Abraham (Typed or printed name of person	
(Typed or printed name of pers	on signing)
Vice President	
(Title of person sig	ning)