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## **COVER LETTER**

TO: Amendment Section Division of Corporations

DIO: NAME OF CORPORATION:	S CON NOSOTROS COR	RP.			
N120000	)1207				
DOCUMENT NUMBER:					
The enclosed Articles of Amendment	and fee are submitted for	filing.			
Please return all correspondence conce	rning this matter to the fo	llowing:			
	RICARDO	O FERNANDEZ			
	(Name of	Contact Person)			
	DIOS CON	NOSOTROS CO	ORP.		
	(Firm	n/ Company)		·	<u> </u>
	4005 NV	V 79TH AVENU	E		
	(2	Address)	_		
	DORAL	. FLORIDA 3316	56		
	(City/ Sta	te and Zip Code)			
	PASTO	R@DCNDORAL	.ORG		
E-mail add	ress: (to be used for future	annual report no	tilication	)	
For further information concerning thi	s matter, please call:				
RICARDO FERNANDEZ		305		803-7007	
(Name of	Contact Person)	atat	(Code	(Daytime Telepho	one Number)
Enclosed is a check for the following	imount made payable to th	ne Florida Depart	ment of S	State:	
	5 Filing Fee & S43.75 Teate of Status Certifie (Addition	d Copy onal copy is	Certifi Certifi	Filing Fee cate of Status ed Copy ional Copy is sed)	
Mailing Address		Street A	ddress		

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

2017 OCT 23 PM 4: 18

FILED

DIOS CON NOSOTROS CORP.

'	DIOS CON NOSC	A ROS CORT.	
(Name of Corporation	as currently filed	with the Florida Dept. o	of State)
	N120000	001207	PALA CONTRACTOR
(Docum	ent Number of Co	rporation (if known)	
ursuant to the provisions of section 617.1006, Flori mendment(s) to its Articles of Incorporation:	ida Statutes, this $F$	lorida Not For Profit Co.	rporation adopts the following
. If amending name, enter the new name of the	corporation:		
∛A			The new
ame must be distinguishable and contain the word Company" or "Co." may not be used in the name		"incorporated" or the ab	
	N/A		
3. Enter new principal office address, if applical Principal office address <u>MUST BE A STREET AI</u>			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE E	N/A B <b>OX</b> )		
). If amending the registered agent and/or regis		ess in Florida, enter the i	name of the
new registered agent and/or the new registere			
Name of New Registered Agent:	N/A		
	N/A		
		(Florida street a	ddress)
New Registered Office Address:			
	N/A		Florida
	(City	)	(Zip Code)
ew Registered Agent's Signature, if changing R	Registered Agent:		
hereby accept the appointment as registered agent	t. I am familiar w	ith and accept the obligat	ions 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	<u>V</u> <u>Mik</u>	<u>n Doe</u> <u>e Jones</u> <u>y Smith</u>	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	Director	PRADA, ANGELA	4005 NW 79TH AVE.
Add			DORAL, FL 33166
X Remove			
2) Change	Director	SALAZAR, JENNER	4005 NW 79TH AVE.
X Add			DORAL,VFL 33166
Remove			
3 ) Change		N/A	
Add			<del></del>
Remove			<del></del>
4) Change		N/A	
Add			<u> </u>
Remove			
5) Change		N/A	
Add			
Remove			
6) Change		N/A	
Add			
Remove			

. If amending or adding additional Article (attach additional sheets, if necessary). (	, ,					
7/A10/20/17						
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	10/20/17	
The date of each amendment(s) adoptate this document was signed.	tion:	if other than the
· ·		
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	-
Note: If the date inserted in this block document's effective date on the Depar	does not meet the applicable statutory filing requirements, this date tment of State's records.	will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/were adop was/were sufficient for approval.	ted by the members and the number of votes cast for the amendmen	t(s)
There are no members or members adopted by the board of directors.	s entitled to vote on the amendment(s). The amendment(s) was/were	e
Dated		
Signature		<del></del>
have not been:	in or vice thairman of the board, president or other officer-if directo selected, by an incorporator – if in the hands of a receiver, trustee, o pointed fiduciary by that fiduciary)	
	RICARDO FERNANDEZ	
<del></del>	(Typed or printed name of person signing)	_
	PRESIDENT	
	(Title of person signing)	_