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TO: Amendment Section Division of Corporations

NAME OF CORPORATION	Ministerio Restaurac N:	ion Nuevos Comic	enzos		· · · · · · · · · · · · · · · · · · ·	
DOCUMENT NUMBER:	N13000005407					
The enclosed Articles of Am						
Please return all corresponde	ence concerning this matte	r to the following:				
Dennis Arroyo						
		(Name of Contact	Person)			
		(Firm/ Compa	any)	<u></u>		
3703 Longleaf Forest Lane						
		(Address))			
Jacksonville, FL 32210						
	· .	(City/ State and Z	ip Code)			
gideonarmy08@ymail.com						
E	-mail address: (to be used	for future annual	report notif	ication)	
For further information conc	erning this matter, please	call:				
Dennis Arroyo			904 at		802-5509	
	(Name of Contact Person))	(Area C	Code)	(Daytime Teleph	one Number)
Enclosed is a check for the f	ollowing amount made pa	yable to the Florid	la Departmo	ent of S	State:	
\$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status		y is	Certifi Certifi	Filing Fee cate of Status ed Copy ional Copy is sed)	

Mailing Address
Amendment Section **Division of Corporations** P.O. Box 6327 Tallahassee, FL 32314

Street Address

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

Articles of Amendment

FILED

Articles of Incorporation 2015 AUG -3 AH 11: 43

Ministerio Restauracion Nuevos Comienzos SPORE LARY OF STATE (Name of Corporation as currently filed with the Florida Dept. of State) N13000005407 (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: Casa de Alabanza Jax, Inc. 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. 3703 Longleaf Forest Lane B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Jacksonville, FL 32210 C. Enter new mailing address, if applicable: 3703 Longleaf Forest Lane (Mailing address MAY BE A POST OFFICE BOX) Jacksonville, FL 32210 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: 3703 Longleaf Forest Lane (Florida street address) New Registered Office Address: Jacksonville (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

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 <math>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>Mi</u>	n <u>Doe</u> ke Jones ly Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) X Change	Р		3703 Longleaf Forest Lane
Add			Jacksonville, FL 32210
Remove			
X Change	VP		3703 Longleaf Forest Lane
Add			Jacksonville, FL 32210
Remove	S		1171 Lane Ave Apt 510
3) X Change Add			Jacksonville, FL 32205
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			- · · · · · · · · · · · · · · · · · · ·
Remove			

E. If amending or adding additional Art (attach additional sheets, if necessary).	(Be specific)	ua.	

	date of each amendme	· · · · · · · · · · · · · · · · · · ·	, if other than the
	e this document was sign ective date <u>if applicable</u>	July 28, 2015	
		(no more than 90 days after amendment file date)	
		this block does not meet the applicable statutory filing requirements, this date will not be the Department of State's records.	e listed as the
Add	option of Amendment(s) (<u>CHECK ONE</u>)	
	The amendment(s) was was/were sufficient for	/were adopted by the members and the number of votes cast for the amendment(s) approval.	
	There are no members adopted by the board of	or members entitled to vote on the amendment(s). The amendment(s) was/were of directors.	
	July Dated	y 28, 2015	
	Signature	the chairman or vice chairman of the board, president or other officer-if directors	
	hav	e not been selected, by an incorporator – if in the hands of a receiver, trustee, or er court appointed fiduciary by that fiduciary)	
	1	Dennis Arroyo	
	-	(Typed or printed name of person signing)	
	9	Senior Pastor	
	-	(Title of person signing)	