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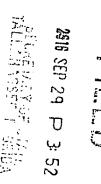
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TO: Amendment Section **Division of Corporations**

NAME OF CORPORATIO	Casa de Restauracion	, Inc			
DOCUMENT NUMBER: _	N14000009814				·
The enclosed Articles of Am	endment and fee are subm	nitted for filing.			
Please return all corresponde	nce concerning this matter	to the following:			
		Joel Montalve	0		
	((Name of Contact	Person)	
•		N/A			
	· · · · · · · · · · · · · · · · · · ·	(Firm/ Compa	ny)		
		1738 SW 51st	Street		
		(Address)			
		Cape Coral, FL	33914		
	((City/ State and Zi	p Code)	
	р	astorjoel@fequere	staura.	org	
E	-mail address: (to be used	for future annual r	eport n	otification)
For further information conc	erning this matter, please o	call:			
Joel Montalvo			(954 at	4)	682-1038
	(Name of Contact Person)			a Code)	(Daytime Telephone Number)
Enclosed is a check for the fo	ollowing amount made pay	yable to the Florida	a Depai	rtment of S	tate:
□ \$35 Filing Fee	\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fe Certified Copy (Additional copy enclosed)		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 to Articles of Incorporation of

Ca	asa de Restauracion, Inc.	
(Name of Corporation as c	urrently filed with the Florida D	ept. of State)
	N14000009814	
(Document	Number of Corporation (if known)	
Pursuant to the provisions of section 617.1006, Florida 5 amendment(s) to its Articles of Incorporation:	Statutes, this <i>Florida Not For Prof</i>	it Corporation adopts the following
A. If amending name, enter the new name of the cor	poration:	
House	of Restoration Church, Inc.	The new
name must be distinguishable and contain the word "co "Company" or "Co." may not be used in the name.	rporation" or "incorporated" or t	he abbreviation "Corp." or "Inc."
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDR</u>	RESS)	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
D. If amending the registered agent and/or registered new registered agent and/or the new registered of Name of Name of Name and Agents		the name of the
Name of New Registered Agent:		
New Registered Office Address:	(Florida s	treet address)
		, Florida
	(City)	Zip Code)
New Registered Agent's Signature, if changing Registereby accept the appointment as registered agent. I	stered Agent:	•
 -	Signature of New Registered	Annua if alamaine
	Signature of New Registerea .	rgeni, ij changing

Page 1 of 4

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.

X Change X Remove X Add		Doe 2 Jones 2 Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change	TD	Karolyn DePalm	4020 SW 5th Ave
Add			Cape Coral, FL 33914
X Remove			
2) Change	TD	Nelvan Gonzalez	4110 SW 7th Place
X Add			Cape Coral, FL 33914
Remove			
3) Change	<u> </u>		
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

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<u></u>

		September 15, 2016	
		dment(s) adoption:	_, if other than the
date	this document was	signéd.	
r Ma	ctive date <u>if applic</u>	ahle.	
LILL	etive date <u>ir applie</u>	(no more than 90 days after amendment file date)	
		ed in this block does not meet the applicable statutory filing requirements, this date will not te on the Department of State's records.	be listed as the
Adoption of Amendment(s)		ent(s) (<u>CHECK ONE</u>)	
D	The amendment(s) was/were sufficien	was/were adopted by the members and the number of votes cast for the amendment(s) t for approval.	
	There are no memi adopted by the box	pers or members entitled to vote on the amendment(s). The amendment(s) was/were ard of directors.	
	Dated	9/20/2016	
	Signature		<u> </u>
		(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)	
		onici court appointed fiducial y by mat fiducial y)	
		Joel Montalvo	
		(Typed or printed name of person signing)	
		Pastor/President	
		(Title of person signing)	