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7 July 26 PH 3: 17

MICHAEL STRAIG

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Fylesia Casa de Restauración Familia De
DOCUMENT NUMBER: N 1 7 0 0 6 0 0 2 9 8 0
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Darwh Morales (Name of Contact Person)
(Common Common C
(Firm/ Company)
7 401 Marbella Point Dr. Apt 303 (Address) Orlando Florida 32822 (City/ State and Zip Code)
(Address)
Orlando Florida 32822
(City/ State and Zip Code)
CAFlonda 2016 2 9 mail. Com E-mail address: (to be used for future annual report notification)
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
200
Dansin Morales at 939-253-0/80 (Name of Contact Person) (Area Code) (Daytime Telephone Number)
(Name of Contact Person) (Area Code) (Daytime Telephone Number)
Enclosed is a check for the following amount made payable to the Florida Department of State:
\$35 Filing Fee Certificate of Status Certified Copy (Additional copy is enclosed) \$35 Filing Fee Certificate of Status Certificate of Status (Additional copy is enclosed) \$35 Filing Fee Certificate of Status Certified Copy (Additional Copy is Enclosed)
Mailing Address Street Address

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

Iglesia Casa de Restauració	in Familiar	de la	Florida	Inc	<u> </u>
(Name of Corporation as c	urrently filed with	the Florida De	ot. of State)		
NITOC	000 2980) į			
	Number of Corporati		. ,		
Pursuant to the provisions of section 617.1006, Florida Sumendment(s) to its Articles of Incorporation:	Statutes, this <i>Florida</i>	Not For Profit	Corporation add	pts the fol	lowing
A. If amending name, enter the new name of the cor	poration:	•		٠.	
·	,	•			
name must be distinguishable and contain the word "co	rnoration" or "inco	rporated" or the	e abbreviation "C		he new "Inc."
"Company" or "Co." may not be used in the name.		.			
B. Enter new principal office address, if applicable:					
Principal office address <u>MUST BE A STREET ADDR</u>	(ESS)				
					1
C. Radan am malling address if an limit.					
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)			₹2.41 11.11	35
\$ (, .	fre. '	. 1.31
			<u>.</u>	- S.	رن
D. If amending the registered agent and/or registere	d office address in l	Florids, enter t	he name of the	Ĭ=\ '	 1
new registered agent and/or the new registered of					
Name of New Registered Agent:					·
• .					
		(Florida stre	et address)		
New Registered Office Address:			* *		
·	·		, Florida _		
	(City)		(Zip Co	de)	
New Registered Agent's Signature, if changing Registered agent. I	stered Agent: am familiar with and	i accept the obl	igations of the po	sition.	
· · · · · · · · · · · · · · · · · · ·	Signature of Ne	w Registered Ac	ent, 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	PT John D V Mike J SV Sally S	ones	
Type of Action (Check One)	<u>Title</u>	Name	Address
1) Change Add Remove	V	Vilmanies Radnique z	Dr. Apt 303 Orland
2) Change Add	T	Tamia Agosto	321 Earlmont Pla Davenport Fl.
Remove 3) Change	<u> </u>	Yaharra Infante	33'896 108 Cheshire Way, Davenport, Fl. 33897
Remove		·	33897
4) Change Add			
Remove 5) Change			
Add			
6) Change			
Remove			

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f an amendment provides f	'ar an eychange'r	eclassification or ca	incellation of issued sl	iares.	
provisions for implementing	ng the amendment	eclassification, or ca	incellation of issued sl the amendment itsell:	nares,	
f an amendment provides f provisions for implementin (if not applicable, indice	ng the amendment	eclassification, or ca if not contained in	ncellation of issued sl the amendment itself:	nares.	
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f an amendment provides f provisions for implementin (if not applicable, indica	ng the amendment	eclassification, or confirmation of contained in	incellation of issued sl the amendment itself:	nares,	
provisions for implementing	ng the amendment	eclassification, or ca	incellation of issued sl the amendment itself:	nares.	
provisions for implementing	ng the amendment	eclassification, or co	incellation of issued sl the amendment itself:	nares,	

	e date of each amendment(s) adoption:e this document was signed.	, if other than the
	ective date if applicable: Tune 21, 2017	
	(no more than 90 days after amendment file date)	•
	te: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will nument's effective date on the Department of State's records.	ot be listed as the
Add	option of Amendment(s) (CHECK ONE)	
	The amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s) was/were sufficient for approval.	
Z	There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors.	· :
	Dated DINE 2 / 20/7	
	Signature plant Morde	
	(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)	
	Darwin Morgle, (Typed or printed name of person signing)	
	(Typed or printed name of person signing)	
,	President	
	(Title of person signing)	