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	COVER LET	ER	
TO: Amendment Section Division of Corporations			
	LA CAŜA FI	RIENDS INC	
NAME OF CORPORATION:			
DOCUMENT NUMBER:	N170000		
The enclosed Articles of Amendment and fee are submi	tted for filing.		
Please return all correspondence concerning this matter	to the following:		
ELENA DIAZ			
(r	Name of Contact	Person)	
RICHARDS & SANCHEZ P.A			
	(Firm' Compa	iny)	
2665 SOUTH BAYSHORE DRIVE, SUITE 703			
	(Address)		
MIAMI, FLORIDA, 33133			
((	City/ State and Zi	p Code)	
ediaz@richards-law.com			
E-mail address: (to be used t	or future annual (	report notification	)
For further information concerning this matter, please each	all:	,	
ELENA DIAZ		305	8589900
(Name of Contact Person)		(Area Code)	(Daytime Telephone Number)
Enclosed is a check for the following amount made paya	able to the Florid	a Department of S	State:
S35 Filing Fee S35 Filing Fee & C Certificate of Status		Certifi y is Cortifi	tional Copy is
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Street Address Amendment Secti Division of Corpa Clifton Building 2661 Executive C Fallahassee, FL 3	enter Circle

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#### Articles of Amendment

to Articles of Incorporation

#### of

LA CASA FRIENDS INC

# (Name of Corporation as carrently filed with the Florida Dept. of State)

N17000010755

(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:

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.

B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRE)	<u>ss</u> )		in it
			DEO N
C. Enter new mailing address, if applicable: (Mailing address <u>MAY BE A POST OFFICE BOX</u> )			
			99 97 97 97
D. If amending the registered agent and/or registered to new registered agent and/or the new registered offic	office address in Flor ce address:	ida, enter the name of the	2
Name of New Registered Agent:			
New Registered Office Address:		(Florida streei address)	
		, Florida	
	(City)	(Zip Code)	

<u>New Registered Agent's Signature. If changing Registered Agent:</u> 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

Page 1 of 4

The new

### 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)

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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 = ChiefExecutive 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, Salty 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	<u>v</u> Mil	n Doe se Jones ly Smith	
<u>Type of Action</u> (Check One)	<u>_Tive</u>	Name	Address
1) Change	D	DIANA SERPA	2665 SOUTH BAYSHORE DR.
X Add			SUITE 703, MIAMI, FL
Remove			33133
_	D	EDUARDO GAMARRA	2665 SOUTH BAYSHORE DR
2) Change Add	<u></u>		SUITE 703, MIAMI, FL
Add			33133
3) Change			
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The date of a date this doc	each amendment(s) ( ument was signed.	adoption:	, it other than th
Effective da	te <u>if applicable</u> :	(no more than 90 days after amendment file date)	
Note: If the document's (	date insorted in this b effective date on the D	block does not meet the applicable statutory filing requirements, th Department of State's records.	is date will not be listed as the
Adoption of	Amendment(s)	( <u>CHECK ONE</u> )	
	endment(s) was/were re sufficient for appro	adopted by the members and the number of votes cast for the amo oval.	ndment(s)
	re no members or me d by the board of dire	mbers entitled to vote on the amendment(s). The amendment(s) v ctors.	vas/were
	DECEMI Dated	BER 19, 2017	
	Signature	Sullh	
	have not l	airman or vice chairman of the board, president or other officer-if been selected, by an incorporator – if in the hands of a receiver, tr rt appointed fiduciary by that fiduciary)	
		VARGAS, SUSANA	
		(Typed or printed name of person signing)	

DIRECTOR

(Title of person signing)

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