

**N1800000 6785**

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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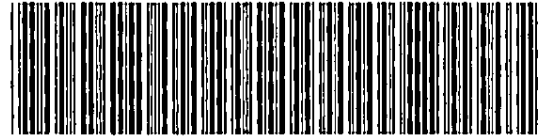
(Business Entity Name)

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19 JAN 22 AM 10:09  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

JAN 26

**COVER LETTER**

TO: Amendment Section  
Division of Corporations

NAME OF CORPORATION: CASA DEL ARTESANO FINE ARTS & EDUCATIONAL CONSULTING INC

DOCUMENT NUMBER: N18000006785

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

YVES MAIA  
(Name of Contact Person)

TAX LINKS CONSULTANTS  
(Firm/ Company)

7751 KINGSPORTE PKWY, SUITE 126  
(Address)

ORLANDO, FL 32819  
(City/ State and Zip Code)

ADMIN@TAXLINKSCONSULTANTS.COM  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

YVES MAIA at 407 270-4846  
(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:

- |   |  |   |  |
|---|--|---|--|
| <input checked="" type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certified Copy<br>(Additional copy is<br>enclosed) | <input type="checkbox"/> \$52.50 Filing Fee<br>Certificate of Status<br>Certified Copy<br>(Additional Copy is<br>Enclosed) |
|---|--|---|--|

**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

CASA DEL ARTESANO FINE ARTS & EDUCATIONAL CONSULTING INC

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

N18000006785

(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:

*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.*

B. Enter new principal office address, if applicable:  
(Principal office address MUST BE A STREET ADDRESS)

C. Enter new mailing address, if applicable:  
(Mailing address MAY BE A POST OFFICE BOX)

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:

112 BROADWAY

(Florida street address)

New Registered Office Address:

KISSIMME

(City)

Florida 34741

(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

(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.

<u>X</u> Change	<u>PT</u>	<u>John Doe</u>
<u>X</u> Remove	<u>V</u>	<u>Mike Jones</u>
X Add	SV	Sally Smith

Address

KISSIMMEE FL 34741

KISSIMMEE, FL 34741

KISSIMMEE, FL 34741

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\_\_\_\_\_

\_\_\_\_\_

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TALLAHASSEE, FLORIDA

**E. If amending or adding additional Articles, enter change(s) here:**  
(attach additional sheets, if necessary). (Be specific)

ADD "ARTICLE IX" : DISSOLUTION CLAUSE - THE ORGANIZATION MAY BE DISSOLVED ONLY WITH  
AUTHORIZATION OF ITS BOARD OF DIRECTORS GIVEN AT A SPECIAL MEETING CALLED FOR THAT  
PURPOSE, AND WITH THE SUBSEQUENT APPROVAL BY NO LESS THAN TWO-THIRDS (2/3) VOTE OF THE  
MEMBERS. IN THE EVENT OF THE DISSOLUTION OF THE ORGANIZATION, THE ASSETS SHALL BE APPLIED  
AND DISTRIBUTED AS FOLLOWS: ALL LIABILITIES AND OBLIGATIONS SHALL BE PAID, SATISFIED AND  
DISCHARGED, OR ADEQUATE PROVISION SHALL BE MADE THEREFORE. ASSETS NOT HELD UPON A  
CONDITION REQUIRING RETURN, TRANSFER, OR CONVEYANCE TO ANY OTHER ORGANIZATION OR  
INDIVIDUAL SHALL BE DISTRIBUTED, TRANSFERRED, OR CONVEYED, IN TRUST OR OTHERWISE, TO  
CHARITABLE AND EDUCATIONAL ORGANIZATION, ORGANIZED UNDER SECTION 501 (C) (3) OF THE  
INTERNATAL REVENUE CODE OF 1986, AS AMENDED OF A SIMILAR OR LIKE NATURE TO THIS  
ORGANIZATION, AS DETERMINED BY THE BOARD OF DIRECTORS.

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The date of each amendment(s) adoption: \_\_\_\_\_, if other than the date this document was signed.


Effective date if applicable: \_\_\_\_\_  
(no more than 90 days after amendment file date)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

**Adoption 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.
- ☐ 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 01/14/2019 \_\_\_\_\_

Signature  \_\_\_\_\_  
(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)

DARLENE RAMIREZ  
\_\_\_\_\_  
(Typed or printed name of person signing)

PRESIDENT  
\_\_\_\_\_  
(Title of person signing)

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