

N19 000007532

(Requestor's Name)

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☐ PICK-UP

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(Business Entity Name)

(Document Number)

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2021 AUG 30 AM 10:30

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1 1 2021



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 13, 2021

GLORYMAR CARDONA
408 BLUE JACKET LN
ORLANDO, FL 32825

SUBJECT: CASA DE RESTAURACION UNICION SOBRENATURAL INC
Ref. Number: N19000007532

2021 AUG 30 AM 8:03

RECEIVED

We have received your document for CASA DE RESTAURACION UNICION SOBRENATURAL INC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document is incomplete. The document should contain the Cover Letter and 4 Amendment pages. Please see the attached packet for the complete document.

If the corporation is a **NOT FOR PROFIT** corporation it must be signed 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.

Please check the appropriate box on the amendment form regarding the adoption of the amendment(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Catherine M Brumbley
Regulatory Specialist II

Letter Number: 521A00019346

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Casa de Restauración Unión Sobrenatural, Inc.

DOCUMENT NUMBER: 119000007532

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

Please return all correspondence concerning this matter to the following:

Glorymar Cardona
(Name of Contact Person)

N/A
(Firm/ Company)

408 Blue Jacket Ln
(Address)

Orlando, FL 32825
(City/ State and Zip Code)

glorymar.cardona@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Glorymar Cardona at (787) 399-6631
(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 &
Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &
Certified Copy
(Additional copy is
enclosed) | <input type="checkbox"/> \$52.50 Filing Fee
Certificate of Status
Certified Copy
(Additional Copy is
Enclosed) |
|---|--|---|--|

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

Street Address
Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Articles of Amendment
to
Articles of Incorporation
of

CASA DE RESTAURACION UNICION SOBRENATURAL INC

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

N19000007532

(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: _____

(Florida street address)

New Registered Office Address:

(City)

Florida

(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

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2021 AUG 30 AM 10:30

CLERK OF DISTRICT COURT
JACKSONVILLE, FL

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:

<input checked="" type="checkbox"/> Change	<u>PT</u>	<u>John Doe</u>
<input checked="" type="checkbox"/> Remove	<u>V</u>	<u>Mike Jones</u>
<input checked="" type="checkbox"/> Add	<u>SV</u>	<u>Sally Smith</u>

<u>Type of Action</u> (Check One)	<u>Title</u>	<u>Name</u>	<u>Address</u>
1) <input type="checkbox"/> Change <input type="checkbox"/> Add	<u>TREAS</u>	<u>IRENE ORTIZ</u>	<u>809 WEST LANCASTER ROAD</u> <u>1112</u>
<input checked="" type="checkbox"/> Remove			<u>ORLANDO, FL 32809</u>
2) <input type="checkbox"/> Change <input type="checkbox"/> Add	<u>VOCAL</u>	<u>JUDITH SANTIAGO</u>	<u>809 WEST LANCASTER ROAD</u> <u>1112</u>
<input checked="" type="checkbox"/> Remove			<u>ORLANDO, FL 32809</u>
3) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	<u>TREAS</u>	<u>NELLY MARTINEZ</u>	<u>408 BLUE JACKET LN</u> <u>ORLANDO, FL 32825</u>
4) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	<u> </u>	<u> </u>	<u> </u> <u> </u> <u> </u>
5) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	<u> </u>	<u> </u>	<u> </u> <u> </u> <u> </u>
6) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	<u> </u>	<u> </u>	<u> </u> <u> </u> <u> </u>

E. If amending or adding additional Articles, enter change(s) here:

(attach additional sheets, if necessary). (Be specific)

* Change from vocal to treasure = Nelly Martinez

☐ 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

July 27, 2021

Signature

Glorymar Cardona

(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)

Glorymar Cardona

(Typed or printed name of person signing)

President / Owner

(Title of person signing)