## N21000000683

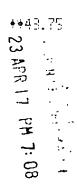
(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nam	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



800406550888

04/17/23--01025--017 \*\*43.75



0 V 20 223

## **COVER LETTER**

TO: Amendment Section
Division of Corporations

January Commission

CASA DE PAN INC  AME OF CORPORATION:	
N21000000683	
OCUMENT NUMBER:	
he enclosed Articles of Amendment and fee are submitted for filing.	
ease return all correspondence concerning this matter to the following:	
LARA D. NEGRON	
(Name of Contact Person)	
ASA DE PAN INC	
(Firm/ Company)	
089 BREAKWATER COURT	
(Address)	
VEST PALM BEACH, FL 33411	
(City/ State and Zip Code)	
ASADEPANORG@GMAIL.COM	
E-mail address: (to be used for future annual report notification)	
or further information concerning this matter, please call:	
CLARA D. NEGRON 407 953-8915	
(Name of Contact Person) (Area Code) (Daytime Telephone Number	)
nclosed is a check for the following amount made payable to the Florida Department of State:	
☐ \$35 Filing Fee ☐ \$43.75 Filing Fee & ☐ \$43.75 Filing Fee & ☐ \$52.50 Filing Fee Certificate of Status (Additional copy is enclosed) ☐ \$52.50 Filing Fee Certificate of Status (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

CA	$\langle \Delta \rangle$	DF.	PA	N	INC

(Name of Corporation as currently filed with the	e Florida	Dept. of State)			
N21000000683					
(Docum	nent Num	ber of Corporation (if	known)		
Pursuant to the provisions of section 617.1006, Floamendment(s) to its Articles of Incorporation:	rida Statu	tes, this Florida Not F	For Profit Corporation adopts the	follov	wing
A. If amending name, enter the new name of the	e corpora	tion:			
N/A				The	new
name must be distinguishable and contain the word "Company" or "Co." may not be used in the name		ation" or "incorporate	ed" or the abbreviation "Corp."	_	
B. Enter new principal office address, if applica	ble:	N/A			
(Principal office address <u>MUST BE A STREET A</u>		<u> </u>			
					73 AFR 17 PH 7:0
				_23	:
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE A	<u>BOX</u> )	N/A		AFR I	بر 
				7	<u></u>
				- <del>-</del>	
		<del></del>		<del>-7</del> 0	_ <u>}-</u>
D. If amending the registered agent and/or regis			a, enter the name of the	æ	**
new registered agent and/or the new register	ed office	address:			
Name of New Registered Agent:	N/A			-	
			Florida street uddress)		
New Registered Office Address:		11	rioriaa sireet uaaress)		
	N/A		, Florida		
		(City)	(Zip Code)		
New Registered Agent's Signature, if changing R	Registered	i Agent:			
I hereby accept the appointment as registered agent			t the obligations of the position.		
_	S	ignature of New Revis	stered Agent, if changing		

"and address of each O (Attach additional shee Please note the officer/officer	officer and/or 1 ts, if necessary) director title by President; T= ) = Chief Finan	<b>Director being added:</b> the first letter of the office t Treasurer: S≈ Secretary: L cial Officer. If an officer/di	itle: D= Director; TR= Tru	director being removed and title, name, ustee; C – Chairman or Clerk; CEO = Chief un one title, list the first letter of each office
Changes should be note a change, Mike Jones le Mike Jones, V as Remo	caves the corpo	ration, Sally Smith is named	t Doe is listed as the I I the V and S. These s	PST and Mike Jones is listed as the V. There is hould be noted as John Doe, PT as a Change.
Example: <u>X</u> Change X Remove X Add	$\overline{\underline{V}}$ $\overline{\underline{M}}$	nn Doe ke Jones Ily Smith		
Type of Action (Check One)	Title	<u>Name</u>		<u>Addres</u> s
1) Change Add		N/A		
Remove 2) Change Add				
Remove 3) Remove Add Remove				

3 )	Remove Change Add Remove			
4)	Change Add	<u>.</u>		
	Remove			
5)	Change Add			
	Remove			
<u>გ</u> )	Change Add		<u></u>	
	Remove			
E.	If amending or addin (attach additional shee		icles, enter change(s) here: (Be specific)	
<u>A</u> ]	RTICLE HEIS AMENI	DED AS FOLLOY	VS:	
<u>S</u> a	id organization is organ	nized exclusively	for charitable, religious, educational and scie	ntific purposes, including, for such
pu	poses, the making of d	istributions to orga	anizations that qualify as exempt organization	n described under Section 501(c) (3)
	•		ding section of any future federal tax code.	
_	***			

Upon the dissolution of the organization	zation, assets shall be distributed for one or more exempt purposes wit	hing the meaning
of of Section 501 (c) (3) of the Inte	ernal Revenue Code, or corresponding section of any future federal tax	code, or
shall be distributed to the federal go	overment, or to a state or local government, for a public purposes.	· · · · · · · · · · · · · · · · · · ·
17.		
		2000
	· · · · · · · · · · · · · · · · · · ·	<del>.</del>
<u> </u>		
The date of each amendment(s) addate this document was signed.	doption: April 12, 2023	, if other than the
Effective date <u>if applicable</u> : Apri	112, 2023	
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this blo locument's effective date on the De	ock does not meet the applicable statutory filing requirements, this dat partment of State's records.	e will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/were at was/were sufficient for approve	dopted by the members and the number of votes east for the amendme	ent(s)

There a	·	bers or members entitled to vote on the amendment(s). The amendment(s) was/were	 •
		ard of directors.	
	David	April 12, 2023	
	Dated	0.0	
	Signature	(i) Kim, Kelvan.	
		(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)	
		CLARA D. NEGRON	
		(Typed or printed name of person signing)	
		PRESIDENT	
		(Title of person signing)	