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Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : ACCOUNTING AND MORE SERVICES INC

Account Number : I20220000172 Phone : (407)845-4810 Fax Number : (407)944-4810

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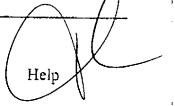
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COR AMND/RESTATE/CORRECT OR O/D RESIGN CENTRO FAMILIAR DE ADORACION II INC

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Page Count	03
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Electronic Filing Menu

Corporate Filing Menu



COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORAT	CENTRO FAMILIA	AR DE ADORÁCION	II INC		
DOCUMENT NUMBER	N21000011806				
The enclosed Articles of A	· -	· 			_
Please return all correspond	lence concerning this matt	ter to the following:			
MARISELIS TORRES					
	-	(Name of Contact Pe	rson)		
CENTRO FAMILIAR DE	ADORACION II INC				
		(Firm/ Company))		~ ;
1411 SWIFT CT					
		(Address)			1_
POINCIANA FL 34759					
		(City/ State and Zip C	Code)		
MARICELIS.TORRE\$23@	gGMAI.COM				-
	:-mail address: (to be used	for future annual repo	ort notification	1)	
For further information con	cerning this matter, please	call:			
MARICELIS TORRES		at	646	272	
	(Name of Contact Person)			(Daytime Telephone Number)	· · · ·
Enclosed is a check for the	following amount made pa	yable to the Florida D	epartment of	State:	
≘ \$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	Certifi Certifi	Filing Fee cate of Status ed Copy ional Copy is sed)	

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

CENTRO FAMILIAR DE ADURACION ILINC		
(Name of Corporation as currently filed with the Flo	rida Dept. of State)	
N21000011806		
(Decument)	Sumber of Corporation (if I	(nown)
Pursuant to the provisions of section 617.1006, Florida Samendment(s) to its Articles of Incorporation:		or Profit Corporation adopts the following
A. If amending name, enter the new name of the corp	poration:	
CASA DEL SECRETO INC		The new
name must be distinguishable and contain the word "cor "Company" or "Co." may not be used in the name.	poration" or "incorporate	d" or the abbreviation "Corp." or "Inc."
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDR	ESS)	-
C. Enter new mailing address, if applicable; (Mailing address <u>MAY BE A POST OFFICE BOX</u>)		
D. If amending the registered agent and/or registered new registered agent and/or the new registered off	office address in Florida	enter the name of the
Name of New Registered Agent:		
New Registered Office Address:	(F.	(orida street address)
		, Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if changing Regist hereby accept the appointment as registered agent. I a	ered Agent: m familiar with and accept	the obligations of the position.
	Signature of New Regist	ered Agent, 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:	the state of the s
CALL I 121 A A A	

(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	<u>V</u> <u>Mi</u>	nn Doe ke Jones Iv Smith		
Type of Action (Check One)	Title	<u>Name</u>	Address	
!)Change Add	VP	JONATHAN PINA MARTINEZ	1199 BAY VIEW WELLINGTON FL 33414	1 ,
x Remove 2) x Change Add	<u>VP</u>	MARICELIS TORRES	1411 SWIFT CT WELLINGTON FL 33414)
Remove 3) Change Add Remove				
4) Change Add				
Remove 5) Change Add Remove				
δ) Change Add				
E. <u>If amending or adc</u> (attach additional sh	iling additional A leets, if necessary,	<u>erticles, enter change(s) here</u> : J. (Be specific)		

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The date of each amendment date this document was signed.	(s) adoption:	, if other than the
Effective date if applicable:	07/01/2023	;
	(no more than 90 days after amendment file date)	
Note: if the date inserted in the document's effective date on the	is block does not meet the applicable statutory filing requirements, to Department of State's records.	his date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/was/were sufficient for ap	ere adopted by the members and the number of votes cast for the amproval.	endment(s)

There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors.

Signature Mariselis Torres

(By a director, president or other officer — if directors or officers have not been selected, by an incorporator — if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)

MARISELIS TORRES

(Typed or printed name of person signing)

\$VP

(Title of person signing)

~;