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SECRETARY OF STATE

COVER LETTER

TO: Amendment Section
Division of Corporations

Tallahassee, FL 32314

NAME OF CORPORATION: Ministerio	Casa de Refu	gio y	Esperanza Inc.
DOCUMENT NUMBER: <u>V210000144</u> C	6		
The enclosed Articles of Amendment and fee are subr	nitted for filing.		
Please return all correspondence concerning this matter	er to the following:		
Pedro Manuel Pérez. Guerr	(Name of Contact Person	<u> </u>	
	(Name of Contact I ciso	''')	
	(Firm/ Company)		<u> </u>
5616 Curry Ford Rd Apt.	L-13		
J , , , , ,	(Address)		
Oclando FL: 32827		_	
	(City/ State and Zip Cod	e)	
E-mail address: (to be used	for future annual report	notificatio	n)
For further information concerning this matter, please	call:		
Pedro Perro (Name of Contact Person)	at	407-	399-0282
(Name of Contact Person)) (Ar	rea Code)	(Daytime Telephone Number)
Enclosed is a check for the following amount made pa	yable to the Florida Dep	artment of	State:
□ \$35 Filing Fee □\$43.75 Filing Fee & Certificate of Status		Certif Certif	0 Filing Fee ficate of Status fied Copy tional Copy is osed)
Mailing Address		Address	ion
Amendment Section Division of Corporations	Amendment Section Division of Corporations		
P.O. Box 6327	The Centre of Tallahassee		

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

FILED 2022-007-31 PH 4: 4:3

(Name of Corporation as currently filed with the Flori	ida Dept. of State)	
Ministerio Basa de Relução y	ESARYANZA TWO	SECRETARY OF CO.
(Document)	umber of Corporation (if known)	- MATASEE, FITE
Pursuant to the provisions of section 617.1006, Florida St amendment(s) to its Articles of Incorporation:	tatutes, this Florida Not For Profit	Corporation adopts the following
A. If amending name, enter the new name of the corp	oration:	
		The new
name must be distinguishable and contain the word "corp" (Company" or "Co." may not be used in the name.	poration" or "incorporated" or the	e abbreviation "Corp." or "Inc."
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRE	<u> </u>	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
		
D. If amending the registered agent and/or registered new registered agent and/or the new registered off		he name of the
Name of New Registered Agent:		
New Registered Office Address:	(Florida stre	ei uddress)
		, Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if changing Registo	ered Agent:	
I hereby accept the appointment as registered agent. I a		gations of the position.

Signature of New Registered 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:

(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	PT John Do V Mike Jo SV Sally S	ones	
Type of Action (Check One)	<u>Title</u>	Name	Address
1) VPS Change Add	VPS_	Maria Esperanza Pina Savabar	,
Remove 2) Change Add	I	Rita Irigoyen	Ollando PL 32822
Remove Change Add Remove	_\$	Aosita Xiomara Alava	
4) Change Add			
Remove			
5) Change Add			
Remove			
6) Change Add			
Remove			
E. If amending or addin (attach additional shee		icles, enter change(s) here: (Be specific)	
	· · · · · · · · · · · · · · · · · · ·		
			

THE LANGE TO A STATE OF THE STA	if other than the
the date of each amendment(s) adoption:	, if other than the
date this document was signed.	

Effective date if applicable:	o more than 90 days after amendment file date)
(ne	o more inan 90 aays ajier amenameni jiie aaiej
Note: If the date inserted in this block does a document's effective date on the Department	not meet the applicable statutory filing requirements, this date will not be listed as the of State's records.
Adoption of Amendment(s)	CHECK ONE)
Tr	the members and the number of votes east for the amendment(a)
The amendment(s) was/were adopted by was/were sufficient for approval.	y the members and the number of votes east for the amendment(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.	
Dated 10/26/2022	
Signature Della Viene	
(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)	
Pedro Manuel Perez Guerra (Typed or printed name of person signing)	
President	
(Title of person signing)	

SECRETARY OF STATE