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COVER LETTER

TO: Amendment Section Division of Corporations

Tallahassee, FL 32314

CASA DE VIDA Y REST	AURACION INC
N22000004365	
DOCUMENT NUMBER:	
The enclosed Articles of Amendment and fee are submitted	for filing.
Please return all correspondence concerning this matter to t	he following:
FERNANDO SUAREZ	
(Nam	ne of Contact Person)
(Firm/ Company)
3021 NOTTEL DR	
	(Address)
ST CLOUD FL 34772	
(City	State and Zip Code)
CASA de VILLA MED @ GNAIL. COM E-mail address: (to be used for fi	
	nure annual report notification)
For further information concerning this matter, please call:	
TRYNAMIOU SUAKI. 2.	at 407 - 861 - 4206 (Area Code) (Daytime Telephone Number)
(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:
(Ac	2.75 Filing Fee & Status tified Copy Certificate of Status dditional copy is closed) (Additional Copy is Enclosed)
Mailing Address	Street Address
Amendment Section	Amendment Section
Division of Corporations P.O. Box 6327	Division of Corporations The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

FILED

CASA DE VIDA Y RESTAURACION INC (Name of Corporation as currently filed with the Florida Dept. of State) N22000004365 (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: 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. 3021 NOTTEL DR B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) ST CLOUD FL 34772 C. Enter new mailing address, if applicable: 3021 NOTTEL DR (Mailing address MAY BE A POST OFFICE BOX) ST CLOUD FL 34772 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: 3021 NOTTEL DR (Florida street address) New Registered Office Address: Florida 34772 (Zip Code) ST CLOUD (City) 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

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 D V Mike Jo SV Sally S	<u>ones</u>	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) x Change Add	<u>P</u>	FERNANDO SUAREZ	3021 NOTTEL DR ST CLOUD FL 34772
Remove			
2) × Change Add	<u>VP</u>	JO-HANNE ZENON	3021 NOTTEL DR ST CLOUD FL 34772
Remove 3) Change Add Remove			
4) Change Add			
Remove			
5) Change Add			
Remove			
6) Change Add			
Remove			
E. If amending or addin (attach additional shee	g additional Arti	cles, enter change(s) here: (Be specific)	
ARTICLE III: PURPOSE			
THE ORGANIZATION I	S ORGANIZED I	EXCLUSIVELY FOR CHARITABLE, RELI	GIOUS AND EDUCATION
PURPOSES UNDER SEC	JTION 501(C)(3)	OF THE INTERNAL REVENUE CODE, O	R CORRESPONDING SECTION
OF ANY FUTURE FEDE	ERAL TAX CODE	E. OUR MAIN PURPOSE IS TO BRINGS L	IVES TO CHRIST AND
PROVIDE EDUCATION	<u></u>	_	

ARTICLE IX - DISSOLUTION
JPON THE DISSOLUTION OF THIS ORGANIZATION, ALL LIABILITIES AND OBLIGATIONS SHALL BE PAID
SATISFIED AND DISCHARGE, 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/OR EDUCATIONAL ORGANIZATION, ORGANIZED UNDER SECTION
501(C)(3) OF THE INTERNAL REVENUE CODE 1986, AS AMENDED, OR CORRESPONDING SECTION OF ANY
FUTURE FEDERAL TAX CODE, OR SHALL BE DISTRIBUTED TO THE FEDERAL GOVERNMENT, OR TO A
STATE OR LOCAL GOVERNMENT FOR A PUBLIC PURPOSE.
The date of each amendment(s) adoption:
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 meir adopted by the bo	abers or members entitled to vote on the amendment(s). The amendment(s) was/were pard of directors.
	Dated	05/03/2022
	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)	
		FERNANDO SUAREZ
		(Typed or printed name of person signing)
		PRESIDENT

(Title of person signing)