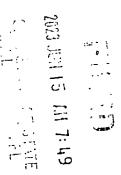


(Requ	iestor's Name)	
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: CASA DE DIOS R	ESTAURACION Y ESPE	RANZA INC	_
	BER: N23000005753	40.0		_
The enclosed Articles	s of Amendment and fee are su	binitted for filing.		
Please return all corre	espondence concerning this ma	tter to the following:		
	ADA CARMONA			
		Name of Contact Persor	1	
		Firm/ Company	·	
	285 EDISTO PLACE			
		Address	· 11	
	APOPKA FL 32712			
	·	City/ State and Zip Code	2	
	ACIBIZ101@GMAIL.COM			
	E-mail address: (to be us	sed for future annual report	notification)	_
For further information	on concerning this matter, plea	se call:		
ADA CARMONA		at (304-7693 de & Daytime Telephone N	
Name	of Contact Person	Area Co	de & Daytime Telephone N	lumber
Enclosed is a check f	or the following amount made	payable to the Florida Depa	artment of State:	
☐ \$35 Filing Fee	S43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	
	niling Address		Address	
Amendment Section Division of Corporations			Iment Section of Corporations	- (C) (C)

Division of Corporations

P.O. Box 6327 Tallahassee, FL 32314

The Centre of Tallahassee 2415 N. Monroe Street, Suite \$10.

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

CASA DE DIOS RESTAURACION Y ESPERANZA INC.

CASA DE DIOS RESTAURACION Y E	ESPERANZA INC		
(Name o	of Corporation as curre	ntly filed with the Florida Dep	t. of State)
N23000005753			
	(Document Numbe	r of Corporation (if known)	***************************************
Pursuant to the provisions of section 607, its Articles of Incorporation:	1006, Florida Statutes, tl	nis Florida Profit Corporation a	dopts the following amendment(s) to
A. If amending name, enter the new m	ame of the corporation:		
			T1
name must be distinguishable and contain "Inc.," or Co.," or the designation "Controval," "professional association,"	Corp," "Inc," or "Co".	 A professional corporation i 	The new "or the abbreviation "Corp.," name must contain the word
B. Enter new principal office address.	if applicable:		
(Principal office address MUST BE A S	TREET ADDRESS)		
		· · · · · · · · · · · · · · · · · · ·	
C. Enter new mailing address, if appl	icable:		
(Mailing address MAY BE A POST			<u> </u>
D. If amending the registered agent at			me of the
new registered agent and/or the ne			
Name of New Registered Agent	CARMEN H QUINON	ES	
	1615 PARKGATE DR		
	(Floride	street address)	
N D C LONG ALL	KISSIMMEE.		. Florida 35746
New Registered Office Address:		(City)	(Zip Code)
New Registered Agent's Signature, if o	hanging Registered Ag	ent:	
Thereby accept the appointment as regis	tered agent. I am famili	аг жин апа ассері іне оонувио	*/ ·/ ·/ · · · · · · · · · · · · · · · ·
\mathcal{M}	- 11		
(/ac)	200 1/ (1/1)	Inings	
- Juli	Signature of Ne	w Registered Agent, if changing	
Check if applicable The amendment(s) is/are being filed p	oursuant to s. 607.0120 (11) (e), F.S.	
— · · · · · · · · · · · · · · · · · · ·		•	

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 afficer/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 Doc is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the zorporation, Sally Smith is named the V and S. These should be noted as John Doc, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: X_Change X_Remove X_Add	$\underline{V} = \underline{Mik}$	<u>n Doc e Jones y Smith</u>	
Type of Action (Check One)	Tule	Name	<u>Addres</u> s
1) Change Add		·	
Remove			
2) Change Add			
Remove Change Add Remove			
4) Change Add			
Remove			
5) Change Add			
Remove			
6) Change Add			
Remove			22 22 22 22 22 22 22 22
E. If amending or additional sl	ding additional a licets, if necessary	Articles, enter change(s) here: v). (Be specifie)	
PLEASE CORRECT	THE SPELLING	OF THE NAME TO CARMEN H QUINON	and the second s
· · · · · · · · · · · · · · · · · · ·			

· · · · · · · · · · · · · · · · · · ·
<u> </u>
-1.1-
The date of each amendment(s) adoption: 5/10/23 if other than to date this document was signed. 5/10/23
date this document was signed. 5/10/23
Litterife date is appreciate.
(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) (CHECK ONE)
The amendment(s) was/were adopted by the members and the number of votes east for the amendment(s) was/were sufficient for approval.

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

	05/19/23
Dated	
Signatur	Parman A Gunnas
	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)
	CARMEN H QUINONES
	(Typed or printed name of person signing)
	p
	ī

(Title of person signing)

2023 JUH 15 AM 7: 49