## NASUCCOCCIBF

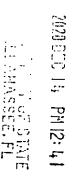
(Re	equestor's Name)	
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Certified Copies	Certificates	of Status
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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

IGLESIA DE DIOS NAME OF CORPORATION:	RESTAURACION INC	:	
N9800000787 DOCUMENT NUMBER:			
The enclosed Articles of Amendment and fee are sub-			
The enclosed /// weeks by / Internation and lee are sain	maca tor time.		
Please return all correspondence concerning this matter	er to the following:		
CESA	R BARRERA		
	(Name of Contact Perso	on)	
N/A	<b>\</b>		
	(Firm/ Company)		
997 SW 34TH TERRACE			
	(Address)		
PALM CITY FLORIDA 34990			
	(City/ State and Zip Co	de)	
cbarrera50@gmail.com			
E-mail address: (to be used	for future annual report	notificatio	n)
For further information concerning this matter, please	call:		
CLAUDIA BARRERA		72	2842258
(Name of Contact Person	) at <u>(</u> A	rea Code)	(Daytime Telephone Number)
Enclosed is a check for the following amount made pa	yable to the Florida Dep	partment of	State:
☐ \$35 Filing Fee ☐\$43.75 Filing Fee & Certificate of Status		Certif Certif	0 Filing Fee icate of Status ied Copy tional Copy is osed)
Mailing Address		Address	
Amendment Section Division of Corporations		dment Section of Corpo	
Division of Corporations	DIVISI	on or Corpo	JI &UOUS

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

## Articles of Amendment to Articles of Incorporation of

NOT APPLICABLE					
(Name of Corporation as currently filed with the Florida	a Dept. of State)				
N/A					
(Document Nur	nber of Corporatio	n (if known)			
Pursuant to the provisions of section 617,1006, Florida Stat amendment(s) to its Articles of Incorporation:	utes, this <i>Florida i</i>	Not For Profit Corp	poration adopts	the foll	owing
A. If amending name, enter the new name of the corpor	ation:				
CONGREGACION MESIA	ANICA SHIKUM	INC		TI.	
name must be distinguishable and contain the word "corpo "Company" or "Co." may not be used in the name.	ration" or "incorp	orated" or the abb	reviation "Corp		e new Inc."
B. Enter new principal office address, if applicable:	N/A				
(Principal office address <u>MUST BE A STREET ADDRES</u>	<u></u>		•	2021	
			; .		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A				
	<del></del>			1234	C
D. If amending the registered agent and/or registered of new registered agent and/or the new registered office		orida, enter the na	ime of the		
Name of New Registered Agent:					
New Registered Office Address:	<del></del> -	(Florida street addi	essi		
			Florida		
	(City)		(Zip Code)		
New Registered Agent's Signature, if changing Registere I hereby accept the appointment as registered agent. I am )	ed Agent: familiar with and a	accept the obligation	ns of the position	ч.	
<del></del>	Signature of New I	Registered Agent, if	changing		

and address of each C (Attach additional shee Please note the officer P = President; V = Vice	Officer and/or I  Is, if necessary, Idirector title by President; T=  Chief Finar	Director being added: ) the first letter of the office to Treasurer; S= Secretary; L cial Officer. If an officer/di	title: D= Director; TR= Tru	director being removed and title, name,  astee; C = Chairman or Clerk; CEO = Chief in one title, list the first letter of each office
	caves the corpo	ration, Sally Smith is named		PST and Mike Jones is listed as the V. There is hould be noted as John Doe, PT as a Change,
Example:  X Change X Remove X Add	$\overline{\underline{V}}$ $\overline{\underline{M}}$	hn Doe ike Jones lly Smith		
Type of Action (Check One)	<u>Title</u>	<u>Name</u>		<u>Addres</u> s
1) Change Add Remove				
2) Change Add	<del></del>	<del></del>		
Remove 3 ) Remove Add Remove				
4) Change				

\_\_\_ Add \_\_\_\_ Remove 5) \_\_\_\_ Change \_\_\_\_ Add \_\_\_\_ Remove 6) \_\_\_\_ Change \_\_\_\_ Add \_\_\_\_ Remove E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific) N/A

·	
	<del></del>
	-
<del></del>	<del></del>
	<del></del>
The date of each amendment(s) adoption: DECEMBER 1ST 2020	, if other than the
date this document was signed.	
Effective date if applicable:	
Effective date if applicable:  (no more than 90 days after amendment file date)	
<u>Note:</u> If the date inserted in this block does not meet the applicable statutory filing requirements, this date wi document's effective date on the Department of State's records.	Il not be listed as the
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 members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors.
Signature  (By the chairman of 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)
(Typed or printed name of person signing)
(1) spect of printed name of person signing)
President

(Title of person signing)