P06000 | 36319

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. (Ad	ldress)	
(Ad	ldress)	
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SECRETARY OF STATE
ALLAWASSEE, FLORID



COVER LETTER

Division of Corporations
NAME OF CORPORATION: Ebenezer Case Management Services, INC
DOCUMENT NUMBER: P06000136319
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
lease retain an correspondence concerning and matter to the following.
Denia Lazo Santalla
Name of Contact Person
Ebenezer Case Management Services, INC
Firm/ Company
2001 NW 7 ST, Ste # 104
Address
Miami, FL 33125
City/ State and Zip Code
ebenezercasemanagement@gmail.com
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Denia Lazo Santalla at (786) 227-0804
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:

Mailing Address

■ \$35 Filing Fee

TO: Amendment Section

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

□\$43.75 Filing Fee & Certificate of Status

Street Address

□\$43.75 Filing Fee &

(Additional copy is

Certified Copy

enclosed)

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

□\$52.50 Filing Fee

Certified Copy

(Additional Copy is enclosed)

Certificate of Status

Articles of Amendment to Articles of Incorporation of

EBENEZER CASE MANAGEMENT SERVICES, INC

(Name of Corporation as	currently filed with the F	lorida Dept. of State)	•
P06000136319			
(Documen	t Number of Corporation (if	(known)	•
Pursuant to the provisions of section 607. Its Articles of Incorporation:	1006, Florida Statutes, this a	Florida Profit Corporation adopts the following	g amendment(s) to
A. If amending name, enter the new na	me of the corporation:		
N/A			The new
	ation "Corp," "Inc," or "	n," "company," or "incorporated" or the a Co". A professional corporation name must o P.A."	
B. Enter new principal office address, i	if applicable:	2001 NW 7 ST, Ste # 104	
	fice address MUST BE A STREET ADDRESS MIAMI, FL 33125		-
			-
			-
C. Enter new mailing address, if appli (Mailing address MAY BE A POST of		2001 NW 7 ST, Ste # 104	
(m.a.m.g. a.m.e.s <u></u>	<u> </u>	MIAMI, FL 33125	=
	•		-
			-
D. If amending the registered agent an new registered agent and/or the new			
Name of New Registered Agent	N/A	•	
	(Florida str	eet address)	
New Registered Office Address:		, Florida	_
	(City)	(Zip Code)	
New Registered Agent's Signature, if cl	hanging Registered Agent	:	
		with and accept the obligations of the position.	
			0.0

Signature of New Registered Agent, if changing

Inamending 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	<u>PT</u>	John Doe	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) X Change	Р	DENIA LAZO SAI	NTALLA 2001 NW 7 ST, # 104
Add			Miami, FL 33125
Remove			
2) X Change	V	JUAN A. ESPI	INOSA 2001 NW 7 ST, #104
Add			Miami, FL 33125
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change		_	
Add			
Remove			
6) Charas			
6) Change Add			
Adu			

	(Be specific)
/A	
	No. 1 Control of the
If an amendment provides for an exc	hange, reclassification, or cancellation of issued shares,
provisions for implementing the ame	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:
provisions for implementing the ame (if not applicable, indicate N/A)	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:
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provisions for implementing the ame (if not applicable, indicate N/A)	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:

The date of each amendment(s) adoption: NOVEMBER 05, 2012 **NOVEMBER 05, 2012** Effective date if applicable: (no more than 90 days after amendment file date) Adoption of Amendment(s) (CHECK ONE) The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval. The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s): "The number of votes cast for the amendment(s) was/were sufficient for approval by _ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required. ☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required. Dated NOVEMBER 05, 2012 Signature (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)

DENIA LAZO SANTALLA

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)