# P17000088184

(Re	equestor's Name)			
(Ac	ddress)			
(Ac	ddress)			
(Ci	ty/State/Zip/Phone	e #)		
PICK-UP	MAIT	MAIL		
(Bı	usiness Entity Nar	me)		
(Do	ocument Number)			
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# **COVER LETTER**

**TO:** Amendment Section Division of Corporations

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NAME OF CORPO	DRATION: Nuestra Fe Inc.				
	IBER: P17000088184				
The enclosed Article	s of Amendment and fee are su	bmitted for filing.			
Please return all corr	espondence concerning this ma	tter to the following:			
	MARI LOPES				
		Name of Contact Person	n		
	NUESTRA FE, INC				
		Firm/ Company	<del> </del>		
	7900 NW 36 STREET				
	Address				
	DORAL, FL 33166				
		City/ State and Zip Cod	c		
	MARI@ALVAREZENERG				
	E-mail address: (to be us	sed for future annual report	notification)		
For further informati	on concerning this matter, pleas	se call:			
MARI LOPES		at ( 305	477-4225		
Name of Contact Person		Area Co	de & Daytime Telephone Number		
Enclosed is a check	for the following amount made	payable to the Florida Depa	artment of State:		
S35 Filing Fee	S43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	l 1852.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)		
Mailing Address			Address		
Aı	mendment Section	Amendment Section			
	vision of Corporations	Division of Corporations The Centre of Tallahassee			
	O. Box 6327 Ilahassee, FL 32314		N. Monroe Street, Suite 810		

Tallahassee, FL 32303

### Articles of Amendment to Articles of Incorporation of

of	
NUESTRA FE INC	
(Name of Corporation as currently	filed with the Florida Dept. of State)
P17000088184	
(Document Number of	Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>F</i> its Articles of Incorporation:	Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
THE FAITH GIFT SHOP INC	The new =
name must be distinguishable and contain the word "corporation," "co". Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A "chartered," "professional association," or the abbreviation "P.A."	
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	<u> </u>
	<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 office address:	
Name of New Registered Agent	
(Florida stre	et address)
New Registered Office Address:	Florida City) (Zip Code)

# 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

## Check if applicable

□ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (c), 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 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 Do	<u>oc</u>	
X Remove	<u>v</u>	Mike Jo	ones .	
<u>X</u> Add	<u>sv</u>	Sally Sr	nith	
Type of Action (Check One)	<u>Title</u>		<u>Name</u>	<u>Addres</u> s
1) Change		-		
Add				
Remove				
2) Change		<del></del>	1412.14	
Add				
Remove 3) Remove		_		
Add				
Remove				
4) Change		_		<u> </u>
Add				
Remove				
5) Change		_		
Add				
Remove				
6) Change		_		
Add				
Remove				

Mach additional	dding additional Art I sheets, if necessary).	(Be specific)			
				<del></del>	
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f an amendmen	t provides for an excl	hanve reclassifica	tion or cancellatic	on of issued shares	
provisions for i	mplementing the ame	endment if not con	tained in the amer	ndment itself:	
(if not applie	cable, indicate N/A)			<del></del>	
		<del></del>			
<u> </u>					
	<u> </u>			•	<del></del>

The date of each amendmen	t(s) adoption: 03/24/2023	, if other than the
date this document was signed	l.	
Effective date if applicable:	03/24/2023	
	(no more than 90) days after amendment file date)	<del></del>
	this block does not meet the applicable statutory filing requirements, the Department of State's records.	is date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
■ The amendment(s) was/we action was not required.	re adopted by the incorporators, or board of directors without shareholder	action and shareholder
	re adopted by the shareholders. The number of votes east for the amendnere sufficient for approval.	nent(s)
	re approved by the shareholders through voting groups. The following start for each voting group entitled to vote separately on the amendment(s):	
"The number of votes	s cast for the amendment(s) was/were sufficient for approval	
by		
	(voting group)	
Dated 03/24 Signature(B	by a director, president or other officer – if directors or officers have not b	een
se ap	elected, by an incorporator – if in the hands of a receiver, trustee, or other pointed fiduciary by that fiduciary)	court
	VICTOR R ALVAREZ	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	