P180000739124

(Requestor's Name)				
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(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Dunings Falin Mans)				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
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Special Instructions to Filing Officer.				





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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION:CASA HISPANA	DE MULTISERVICIOS II	NC			
DOCUMENT NUMB	P18000073924					
The enclosed Articles	of Amendment and fee are so	ibmitted for filing.				
Please return all corres	pondence concerning this ma	itter to the following:				
	NESCHMAN RODRIGUEZ					
	Name of Contact Person					
	CASA HISPANA DE MULTISERVICIOS INC					
	Firm/ Company					
	4532 TAMIAMI TRAIL E STE 304					
	Address					
	NAPLES, FL 34112					
•	City/ State and Zip Code					
	casahispanademultiservicios	(øgmail.com				
	E-mail address: (to be us	sed for future annual report	notification)			
For further information	concerning this matter, plea		610-0920			
Name of Contact Person		at (Area Co	610-0920 de & Daytime Telephone Number			
Enclosed is a check for	the following amount made					
S35 Filing Fee	■\$43.75 Filing Fee & Certificate of Status	☐\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐ \$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)			
Ame Divi: P.O.	ing Address indment Section sion of Corporations Box 6327 thassee, FL 32314	Amend Divisio The C	Address Iment Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810			

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

FILED

CASA HISPANA DE MULTISERVICIOS INC (Name of Corporation as currently filed with the Florida Dept. of Stafe P18000073924 (Document Number of Corporation (if known) Pursuant to the provisions of section 607,1006, Florida Statutes, this Florida 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," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp." "Inc." or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A." B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BON) 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 (Florida street address) , Florida New Registered Office Address: (City) New Registered Agent's Signature, if changing Registered Agent: Thereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position. Signature of New Registered Agent, it changing

Check if applicable

☐ The amendment(s) is/are being filed pursuant 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)

Example:

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.

X Change	<u>PT</u>	John Doe	
X Remove	<u>V</u>	Mike Jones	
X Add	\underline{SV}	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	Address
1) Change	P	ROBERTO ARGUELLO	4532 Tamiami Trail E STE 304
Add			Naples, FL 34112
X Remove			
2) Change			
Add			
Remove 3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change		_	
Add			
Remove			
6) Change			
Add			
Remove			

ease remove Roberto Arguello	ic)
The second of the second	
W-14-	
-	
If an amendment provides for an exchange, reclas	sification ar cancellation of issued shares
provisions for implementing the amendment if no	of contained in the amendment itself:
(if not applicable, indicate N/A)	

•

The date of each amendment(s) adoption:	if other than the
date this document was signed.		
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in thi document's effective date on the	s 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)	(<u>CHECK ONE</u>)	
■ The amendment(s) was/were action was not required.	adopted by the incorporators, or board of directors without shareholde	r action and shareholder
☐ The amendment(s) was/were by the shareholders was/were	adopted by the shareholders. The number of votes cast for the amenda sufficient for approval.	nent(s)
	approved by the shareholders through voting groups. The following st for each voting group entitled to vote separately on the amendment(s).	
"The number of votes c	ast for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	tvoting group)	
03/18/20 Dated Signature	Jan	N. 2
sele	a director, president or other officer – if directors or officers have not leted, by an incorporator – if in the hands of a receiver, trustee, or other binted fiduciary by that fiduciary)	
	NESCHMAN G RODRIGUEZ	
	(Typed or printed name of person signing)	
	VICE PRESIDENT	
	(Title of person signing)	