

N 2100000821

Florida Department of State
Division of Corporations
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To:
Division of Corporations
Fax Number : (850)617-6380

From:
Account Name : BUSINESS ACCOUNTING PROFESSIONALS CORP
Account Number : I20190000020
Phone : (786)953-7449
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Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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COR AMND/RESTATE/CORRECT OR O/D RESIGN
MINISTERIO RESTAURACION FAMILIAR INC

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COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: MINISTERIO RESTAURACION FAMILIAR INC

DOCUMENT NUMBER: N21000000821

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

JOSE A. MASSI
Name of Contact Person
MINISTERIO RESTAURACION FAMILIAR INC
Firm/ Company
1416 ROWANTREE DRIVE
Address
DOVER
City/ State and Zip Code
DOVER, FL. 33527
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JOSE A. MASSI at (813) 657-2889
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:

- | | | | |
|---|---|--|--|
| <input checked="" type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee & Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed) | <input type="checkbox"/> \$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed) |
|---|---|--|--|

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

Street Address
Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Articles of Amendment
to
Articles of Incorporation
of

MINISTERIO RESTAURACION FAMILIAR INC

(Name of Corporation as currently filed with the Florida Dept. of State)

N2100000821

(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:

_____ *The new 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**)*

1413 ROWANTREE DRIVE

DOVER FL. 33527

C. Enter new mailing address, if applicable:
*(Mailing address **MAY BE A POST OFFICE BOX**)*

1413 ROWANTREE DRIVE

D. If mending 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 1413 ROWANTREE DRIVE

(Florida street address)

New Registered Office Address: DOVER, Florida 33527
(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.

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MINISTERIO RESTAURACION FAMILIAR INC

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:

Change PT John Doe

Remove V Mike Jones

Add SV Sally Smith

<u>Type of Action</u> (Check One)	<u>Title</u>	<u>Name</u>	<u>Address</u>
1) <input checked="" type="checkbox"/> Change	<u>P</u>	<u>JOSE ANTONIO MASSI</u>	<u>1413 ROWANTREE DRIVE</u> <u>DOVER FL. 33527</u>
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			
2) <input checked="" type="checkbox"/> Change	<u>VP</u>	<u>YAJAIRA J MASSI</u>	<u>1413 ROWANTREE DRIVE</u> <u>DOVER FL. 33527</u>
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			
3) <input checked="" type="checkbox"/> Change	<u>T</u>	<u>RAQUEL TOLVER</u>	<u>1413 ROWANTREE DRIVE</u> <u>DOVER FL. 33527</u>
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			
4) <input checked="" type="checkbox"/> Change	<u>S</u>	<u>THAIS ESPINOZA</u>	<u>1413 ROWANTREE DRIVE</u> <u>DOVER FL. 33527</u>
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			
5) <input checked="" type="checkbox"/> Change	<u>D</u>	<u>CARLOS DIAZ</u>	<u>1413 ROWANTREE DRIVE</u> <u>DOVER FL. 33527</u>
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			
6) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			

E. If amending or adding additional Articles, enter change(s) here:

(Attach additional sheets, if necessary). (Be specific)

F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:

(if not applicable, indicate N/A)

JANUARY 26, 2021

The date of each amendment(s) adoption: _____, if other than the date this document was signed.

JANUARY 26, 2021

Effective date if applicable: _____
(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.

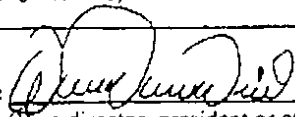
Adoption of Amendment(s) (CHECK ONE)

- The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action and shareholder action was not required.
- 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 _____."
(voting group)

Dated JANUARY 26, 2021 _____

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)

JOSE ANTONIO MASSI

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)