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Ca 11/12/09

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**NAME OF CORPORATION:** CONAMAD-USA & AFFILIATED CHURCHES, INC.

**DOCUMENT NUMBER:** N06000004173

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

Please return all correspondence concerning this matter to the following:

JOAO B RODRIGUES

(Name of Contact Person)

(Firm/ Company)

6279 W. SAMPLE RD.

(Address)

CORAL SPRINGS, FL 33071-3175

(City/ State and Zip Code)

jbr1963@hotmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JOAO B RODRIGUES

(Name of Contact Person)

at ( 954 ) 588-0139

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount made payable to the Florida Department of State:

\$35 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)

**Mailing Address**

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

**Street Address**

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

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
09 NOV -9 PM 4:47

Articles of Amendment  
to  
Articles of Incorporation  
of

CONAMAD-USA & AFFILIATED CHURCHES, INC.

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

N06000004173

(Document Number of Corporation (if known))

Pursuant to the provisions of section 617.1006, Florida Statutes, this *Florida Not For 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" or "incorporated" or the abbreviation "Corp." or " Inc." "Company" or "Co." may not be used in the name.*

**B. Enter new principal office address, if applicable:**

(Principal office address MUST BE A STREET ADDRESS)

6279 W. SAMPLE RD.

CORAL SPRINGS, FL 33067

**C. Enter new mailing address, if applicable:**

(Mailing address MAY BE A POST OFFICE BOX)

6279 W. SAMPLE RD.

CORAL SPRINGS, FL 33067-3175

**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:

ILMAR ALVES PEREIRA

New Registered Office Address:

6279 W. SAMPLE RD

(Florida street address)

CORAL SPRINGS

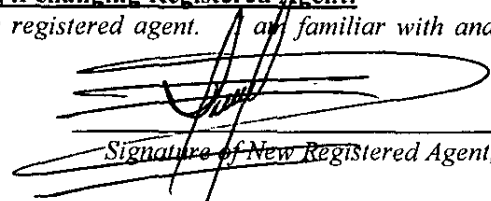
(City)

Florida 33067

(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

**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)*

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>	
PD	LINDOLFO DA SILVA, PR JOSE	3093 FLOWEVA STREET WEST PAL BEACH, FL 33406	<input type="checkbox"/>	Add
			<input checked="" type="checkbox"/>	Remove
VP	GOMES-ALVES, PR ELIMAR	3093 FLOWEVA STREET WEST PAL BEACH, FL 33406	<input type="checkbox"/>	Add
			<input checked="" type="checkbox"/>	Remove
VP	PEREIRA, PR ILMAR	3093 FLOWEVA STREET WEST PAL BEACH, FL 33406	<input type="checkbox"/>	Add
			<input checked="" type="checkbox"/>	Remove
VP	RODRIGUES, PR VALTER	3093 FLOWEVA STREET WEST PAL BEACH, FL 33406	<input type="checkbox"/>	Add
			<input checked="" type="checkbox"/>	Remove
ST	DE SOUZA, PR DEIBER	3093 FLOWEVA STREET WEST PAL BEACH, FL 33406	<input type="checkbox"/>	Add
			<input checked="" type="checkbox"/>	Remove
TS	GOMES-ALVES, PR MARLENICIO	3093 FLOWEVA STREET WEST PAL BEACH, FL 33406	<input type="checkbox"/>	Add
			<input checked="" type="checkbox"/>	Remove
PD	WELINGTON J SILVA	6279 W. SAMPLE RD CORAL SPRINGS, FL 33067	<input checked="" type="checkbox"/>	Add
			<input type="checkbox"/>	Remove
VP	ILMAR A. PEREIRA	6279 W. SAMPLE RD CORAL SPRINGS, FL 33067	<input checked="" type="checkbox"/>	Add
			<input type="checkbox"/>	Remove
VP	EMIDIO MARTINS DA SILVA	6279 W. SAMPLE RD CORAL SPRINGS, FL 33067	<input checked="" type="checkbox"/>	Add
			<input type="checkbox"/>	Remove
ST	JOAO BATISTA RODRIGUES	6279 W. SAMPLE RD CORAL SPRINGS, FL 33067	<input checked="" type="checkbox"/>	Add
			<input type="checkbox"/>	Remove
TS	JOSE FABRI	6279 W. SAMPLE RD CORAL SPRINGS, FL 33067	<input checked="" type="checkbox"/>	Add
			<input type="checkbox"/>	Remove
TS	JOSUE LIMA	6279 W. SAMPLE RD CORAL SPRINGS, FL 33067	<input checked="" type="checkbox"/>	Add
			<input type="checkbox"/>	Remove

The date of each amendment(s) adoption: 11/02/2009

*(date of adoption is required)*

Effective date if applicable: 11/02/2009

*(no more than 90 days after amendment file date)*

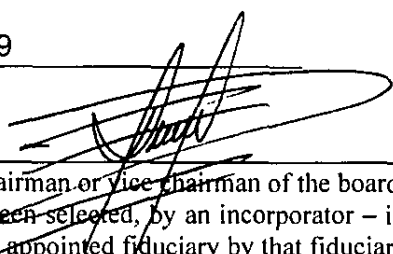
**Adoption of Amendment(s) (CHECK ONE)**

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.

Dated 11/03/2009

Signature \_\_\_\_\_

  
(By the chairman or 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)

ILMAR A. PEREIRA

(Typed or printed name of person signing)

1° VICE-PRESIDENT

(Title of person signing)