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2009 JUL 20 AM II: 52

SECRETARY OF STATE
ALLAHASSEF FINALE

7/33/09

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: <u>Mulis</u> te	rio Casa de Ora	ICION INC
DOCUMENT NUMBER: NO 700000	2805	
The enclosed Articles of Amendment and fee are	e submitted for filing.	
Please return all correspondence concerning this	matter to the following:	
Claudia (Name of	- Hart f Contact Person)	
(Firm	n/ Company)	
1086 SW 158th L	lay, Perabrone P. Address)	Hes, FL 33027
Pembroke Pines,	FL 33027 ate and Zip Code)	
For further information concerning this matter, p	please call:	
Claudia Hart (Name of Contact Person)	at (954) 394- (Area Code & Daytime	5654 Telephone Number)
Enclosed is a check for the following amount ma	_	
\$35 Filing Fee \$\times \text{Certificate of Status}\$	S43.75 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 Cir	cle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation

	FILE
2009 JUL	
TALLAHASE ept. of State	20 AM11:52
ept. of State	E.FLORIE

MINISTERIO COSA Central De Oracion INC MASERO ANII: S

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

NO 700000 8805

(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:

e new name must be distinguishable and breviation "Corp." or "Inc." "Company"		e used in the nam	<u>e</u> .
Enter new principal office address, if ap			N 158th wa
incipal office address <u>MUST BE A STRE</u>	<u>El ADDRESS</u>)	Pembro	Le PINES F
		330 27	
	lo.		
- Preton more modiling address if applicabl			
Enter new mailing address, if applicable (Mailing address MAY BE A POST OFF		-	
If amending the registered agent and/or	TCE BOX) registered office a		, enter the name of th
Mailing address MAY BE A POST OFF If amending the registered agent and/or new registered agent and/or the new reg	TCE BOX) registered office a		, enter the name of th
(Mailing address MAY BE A POST OFF	TCE BOX) registered office a		, enter the name of th
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If amending the registered agent and/or new registered agent and/or the new reg	TCE BOX) registered office a	'ess:	, enter the name of th

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>	Address	Type of Action
<u>VP</u>	Yoseth ATONSON	12981 COUNTY Glen COOPER CITY FL, 33330	Add Remove
			Add Remove
			Add Remove
E. If ame	ending or adding additional Articles, en additional sheets, if necessary). (Be s	nter change(s) here: pecific)	
		4	
	1-		

The date of each amendment(s) adoption: $7 - 2 - 09$			
Effective date if applicable: $900 - 07/209$ (no more than 90 days after amendment file date)			
Adoption of Amendment(s)	(CHECK ONE)		
The amendment(s) was/were a was/were sufficient for approv	adopted by the members and the number of votes cast for the amendment(s) al.		
There are no members or mer adopted by the board of direct	mbers entitled to vote on the amendment(s). The amendment(s) was/were cors.		
Dated_ <u>07</u> /	102/2009 Vandel 141		
Signature	landed 14A		
(By the	e chairman or vice chairman of the board, president or other officer-if directors		
	ot been selected, by an incorporator – if in the hands of a receiver, trustee, or court appointed fiduciary by that fiduciary)		
	CLAUDIA HART		
_	(Typed or printed name of person signing)		
_	PRESIDENT		
_	(Title of person signing)		

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