

N11000001360

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

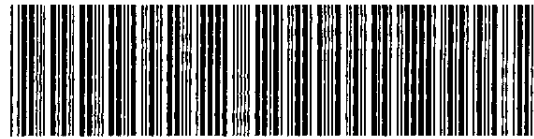
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



400207301524

Amend

05/09/11--01064--018 **35.00

2011 JUL -8 AM 11:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

DR

7/11/11

**00789, 001169, 00707, 006671*



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 16, 2011

James Tavarez
El Buen Samaritano
P.O. Box 551387
Ft. Lauderdale, FL 33355

SUBJECT: MINISTERIO INTERNACIONAL EL BUEN SAMARITANO, INC.
Ref. Number: N11000001360

We have received your document for MINISTERIO INTERNACIONAL EL BUEN SAMARITANO, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document you submitted has been prepared pursuant to profit statutes (chapter 607, Florida Statutes). As the entity was originally filed as a nonprofit corporation, this document should be filed pursuant to chapter 617, Florida Statutes.

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6907.

Annette Ramsey
Regulatory Specialist II

Letter Number: 911A00012112

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: MINISTERIO INTERNACIONAL EL BUEN SAMARITANO, INC.

DOCUMENT NUMBER: N11000001360

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

Please return all correspondence concerning this matter to the following:

JAMES TAVAREZ
(Name of Contact Person)

EL BUEN SAMARITANO
(Firm/ Company)

P.O. Box 551387
(Address)

FT. LAUDERDALE, FL 33355
(City/ State and Zip Code)

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

For further information concerning this matter, please call:

JAMES TAVAREZ at (954) 557-4466
(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 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) |
|--|---|--|--|

RECEIVED
11 JUL -8 AM 9:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

Articles of Amendment
to
Articles of Incorporation
of

FILED

2011 JUL -8 AM 11:00

MINISTERIO INTERNACIONAL EL BUEN SAMARITANO SECRETARY OF STATE
TALLAHASSEE, FLORIDA
(Name of Corporation as currently filed with the Florida Dept. of State)

NA1000001360

(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:

N/A

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)

N/A

C. Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

N/A

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:

N/A

New Registered Office Address:

(Florida street address)

(City)

Florida

(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>
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove

_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove

_____	_____	_____	<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)

(SEE ATTACHED DOCUMENTS)

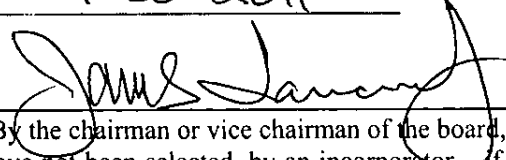
The date of each amendment(s) adoption: FEBRUARY 8, 2011
(date of adoption is required)

Effective date if applicable: N/A
(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 4-30-2011

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)

JAMES TAVAREZ
(Typed or printed name of person signing)

President
(Title of person signing)

**Ministerio Internacional El BuenSamaritano, Inc.
Corporation #: N11000001360**

ARTICLE 8: Conflict of Interest Resolution

(1) Any director, officer or key employee who has an interest in a contract or other transaction presented to the Board or a committee thereof for authorization, approval, or ratification shall make a prompt and full disclosure of their interest to the Board or committee prior to its acting on such a contract or transaction. Such disclosure shall include any relevant material; facts known to such person about the contract or transaction that might be reasonable construed to be adverse to the corporations interest.

(2) No member or director shall cast a vote on any matter which has a direct bearing on services to be provided by that member, director or any organization which such member or director represents or which such member or director has an ownership interest or is otherwise interested or affiliated, which would directly or indirectly benefit such member or director. All such services shall be fully disclosed or known to the Board members present at the meeting at which such contract shall be authorized.

ARTICLE 9: Dissolution

Upon winding up or dissolution of this corporation, after paying or adequately providing for the debts and obligations of the corporation, the remaining assets shall be distributed to a non-profit fund, foundation, or corporation, which is organized and operated exclusively for charitable, educational, religious and/or scientific purposes and which has established its tax exempt status under Section 501(c)(3) of the Internal Revenue Code.