Florida Department of State

Division of Corporations **Electronic Filing Cover Sheet**

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To:

Division of Corporations

Fax Number

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SEP. -5 2014)

R. WHITE

From:

Email Address:

Account Name

: ALPHA BUSINESS CONSULTING, LLC

Account Number : I20080000061

Fax Number

(407)582-9830 (407) 294-7677

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

COR AMND/RESTATE/CORRECT OR O/D RESIGN FIRST BRAZILIAN BAPTIST CHURCH OF ORLANDO COR

| Certificate of Status | 0 |
|-----------------------|---------|
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Corporate Filing Menu

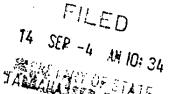
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COVER LETTER

| TO: | Amendment Section Division of Corporations | |
|----------------------------|---|--|
| SUBJ | DECT: | IST CHURCH OF ORLANDO CORP. |
| DOC | Name 10000004 UMENT NUMBER: | of Corporation 757 |
| The e | nclosed Amendment and fee are subm | nitted for filing. |
| Please | e return all correspondence concerning | g this matter to the following: |
| MA | ARIA PINHEIRO | |
| | Name of Contact Person | |
| ALF | PHA BUSINESS CONSUL | TING, LLC |
| | Firm/Company | |
| 702 | 22 CARLENE DR | • |
| | Address | |
| OR | RLANDO, FL 32835 | , |
| | City/State and Zip Code heiromaria@att.net -mail address: (to be used for future anni | ual report notification) |
| For fu | rther information concerning this mat | ter, please call: |
| MA | RIA PINHEIRO | _at (407) 582-9830 Area Code & Daytime Telephone Number |
| | Name of Contact Person | Area Code & Daytime Telephone Number |
| Enclos | sed is a check for the following amou | nt: |
| <u> </u> | \$43.75 Filing Fee & Certificate of Status | |
| Ameno Divisio P.O. B | ng Address: dment Section on of Corporations ox 6327 assee, 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



| 14.0.0 40 44 44 44 44 | filed with the Florida Dept. c | of State) | |
|---|--|--|-------------|
| N99000004757 | | | |
| (Docu | ment Number of Corporation (it | (knowa) | |
| Pursuant to the provisions of section 617.10 mendment(s) to its Articles of Incorporation | | da Not For Profit Corporation adopts t | he followin |
| . If amending name, enter the new nam | te of the corporation: | | |
| | | | The ne |
| ame must be distinguishable and contain t Company" or "Co." may not be used in t | the word "corporation" or "inc <u>he name</u> . | corporated" or the abbreviation "Corp. | " or "Inc." |
| l. Enter new principal office address, if | • | • | |
| Principal office address <u>MUST BE A STI</u> | | | |
| · | | | |
| | | | |
| . Enter new mailing address, if applica | | | |
| (Malling address <u>MAY BE A POST O</u> | FFICE BOX) | *11=1 | |
| | | | |
| | | | |
| . If amending the registered agent and/ | or registered office address in | Florida, enter the name of the | |
| new registered agent and/or the new 1 | registered office address: | | |
| Name of New Registered Agent: | | | |
| · _ | | | |
| New Registered Office Address: | (Florida street d | Midress) | |
| | | . Florida | |
| | (City) | Zip Co | de) |
| - | | | |
| – ew Registered Agent's Signature, if cha: | nging Registered Agent: | | |

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: X.Change X.Remova X.Add | Y <u>Mik</u> | ı Doe e Jones y Smith | |
|----------------------------------|--------------|-----------------------------|--------------------------------------|
| Type of Action (Check One) | <u>Title</u> | <u>Name</u> | <u>Addres</u> s |
| 1)Change | DVP | JOAQUIM PINHEIRO | 7022 CARLENE DR ORLANDO, FL 32835 |
| X Remove | | | |
| 2)Change | DT2 | PAULO ISAYYID | 254 ALSTON DR |
| Add | | | ORLANDO, FL 32835 |
| Kemove | DVP | MARCOS PAIXAO | 4364 35TH STREET |
| Z Add | | | ORLANDO, FL 32811 |
| Remove | | | <u> </u> |
| 4) Change | DS2 | ELAINE DE MATOS ALMADO | 4364 35TH STREET |
| X Add | | , | ORLANDO, FL 32811 |
| Remove | | | |
| 5) Change | | | |
| Add | | | |
| Remove | | | |
| 6) Change | | | , |
| Add | | | · |
| Remove | | | |

| E. If amending or adding additional Arti (attach additional sheets, if necessary). | (Be specific) | | • | | |
|---|---------------|-------------|-----------|--|-------------|
| NONE | | | | | |
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| The date of each amendment(s) date this document was signed. | adoption: U9/U3/2014 | , if other than the |
|--|--|---------------------|
| Effective date if applicable: | | |
| | (no more than 90 days after amendment file date) | |
| Adoption of Amendment(s) | (<u>CHECK ONE</u>) | |
| The amendment(s) was/were was/were sufficient for appro- | adopted by the members and the number of votes cast for the amendment(s) oval. | |
| There are no members or me adopted by the board of direct | mbers entitled to vote on the amendment(s). The amendment(s) was/were ctors. | |
| Dated 09/03 | 3/2014 | |
| Signature | - Contra | |
| (By the change and the change (By the change) | airman or vice chairman of the board, president or other officer-if directors been selected, by an incorporator — if in the hands of a receiver, trustee, or it appointed fiduciary by that fiduciary) | |
| MARIA D | PINHEIRO | |
| | (Typed or printed name of person signing) | |
| DT1 | | |
| | (Title of person signing) | |