

From: Jeff Lieser

Fax: (813) 251-8715

To:

Fax: (850) 617-6380

Page 2 of 8 10/25/2017 10:56 AM

M980000000280

Florida Department of State
 Division of Corporations
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**COR AMND/RESTATE/CORRECT OR O/D RESIGN
 IMMACULATE HEART OF MARY ROMAN CATHOLIC CHAPEL,
 INC.**

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DEPARTMENT OF STATE
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850-617-6380
From: Jeff Lieser

Fax: (813) 251-8715

10/25/2017 10:13:52 AM

Telex
Fax: (850) 617-6380

1/001

Page 1 of 8 Fax Server
10/25/2017 10:56 AM



October 25, 2017

FLORIDA DEPARTMENT OF STATE

Division of Corporations

IMMACULATE HEART OF MARY ROMAN CATHOLIC CHAPEL, INC.
2404 EAST STUART STREET
TAMPA, FL 33605

SUBJECT: IMMACULATE HEART OF MARY ROMAN CATHOLIC CHAPEL, INC.
REF: N98000000287

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refile the complete document, including the electronic filing cover sheet.

PAGE 3 MISSING

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) 245-6050.

Shelia H Young
Regulatory Specialist II

FAX Aud. #: E17000280280
Letter Number: 717A00021497

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: IMMACULATE HEART OF MARY ROMAN CATHOLIC CHAPEL, INC.

DOCUMENT NUMBER: N 98000000287

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

Please return all correspondence concerning this matter to the following:

Ghada Skaff
(Name of Contact Person)

Lieser Skaff Alexander
(Firm/ Company)

403 N Howard Ave
(Address)

Tampa, FL 33606
(City/ State and Zip Code)

rpmauro33@aol.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Ghada Skaff (Name of Contact Person) at 813 280 1256 (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

Articles of Amendment
to
Articles of Incorporation
of

IMMACULATE HEART OF MARY ROMAN CATHOLIC CHAPEL, INC.

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

N9800000287

(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

17 OCT 25 AM 9:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

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:

EMILIO JOSE FATTORE

2408 STUART ST., TAMPA, FL 33605

(Florida street address)

New Registered Office Address:

N/A

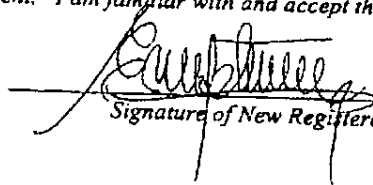
(City)

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)

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

Type of Action (Check One)	Title	Name	Address
1) <input type="checkbox"/> Change <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove	<u>DT</u>	<u>CHARLES J. GARCIA</u>	<u>11521 N. RAVINE RD.</u> <u>TAMPA, FL 33612</u>
2) <input type="checkbox"/> Change <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove	<u>D</u>	<u>JOHN M. CARLOS</u>	<u>5301 SAGECREST DRIVE</u> <u>LITHIA, FL 33547</u>
3) <input type="checkbox"/> Change <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove	<u>D</u>	<u>CHARLES WELSH</u>	<u>1779A LAKE CARLTON DR.</u> <u>LUTZ, FL 33558</u>
4) <input type="checkbox"/> Change <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove	<u>D</u>	<u>RICHARD GORKA</u>	<u>5505 ARBISHER WOOD LAWE</u> <u>BRANDON, FL 33511</u>
5) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	<u>DS</u>	<u>JOHN KONZELMANN</u>	<u>9608 W. PARK VILLAGE DR.</u> <u>TAMPA, FL 33626</u>
6) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>DP</u>	<u>EMILIO J. FATTORE</u>	<u>2408 STUART ST.</u> <u>TAMPA, FL 33605</u>

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:

<input checked="" type="checkbox"/> Change	<u>PT</u>	<u>John Doe</u>
<input checked="" type="checkbox"/> Remove	<u>V</u>	<u>Mike Jones</u>
<input checked="" type="checkbox"/> Add	<u>SV</u>	<u>Sally Smith</u>

<u>Type of Action</u> (Check One)	<u>Title</u>	<u>Name</u>	<u>Address</u>
1) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>DV</u>	<u>THOMAS FARRELL</u>	<u>2404 STUART ST.</u> <u>TAMPA, FL 33605</u>
2) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>DT</u>	<u>JORGE RIASCOS</u>	<u>2404 STUART ST.</u> <u>TAMPA, FL 33605</u>
3) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>D</u>	<u>HUGO AGULLERA</u>	<u>2404 STUART ST.</u> <u>TAMPA, FL 33605</u>
4) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>D</u>	<u>LUZ TAPIA</u>	<u>2404 STUART ST.</u> <u>TAMPA, FL 33605</u>
5) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>D</u>	<u>CHRISTOPHER RIVERS</u>	<u>2404 STUART ST.</u> <u>TAMPA, FL 33605</u>
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)

N/A

The date of each amendment(s) adoption: OCTOBER 22, 2017, if other than the date this document was signed.

Effective date if applicable: _____
(no more than 90 days after amendment file date)

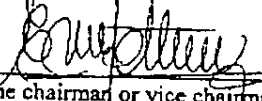
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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

The amendment(s) was/were adopted by the 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 OCTOBER 22, 2017

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)

EMILIO JOSE FATTORE
(Typed or printed name of person signing)

DIRECTOR, PRESIDENT
(Title of person signing)