

I

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
Office Use Only

.

•



10/21/19--01031--013 ++35.00



•

NOV OC 2018 T. LEMIEUX

· · ·	
	COVER LETTER
<b>FO:</b> Amendment Section Division of Corporations	
RIVER OF HOPE P	RESBYTERIAN CHURCH, INC
726569 DOCUMENT NUMBER:	
The enclosed Articles of Amendment and fee are sub-	nitted for filing.
Please return all correspondence concerning this matte	r to the following:
MELISSA MONCADA	
	(Name of Contact Person)
	(Firm/ Company)
10600 SW 40 STREET	
	(Address)
MIAMI, FLORIDA 33165	
	(City/ State and Zip Code)
MELISSAM@HOPECHAPELMIAMI COM	
E-mail address: (to be used	for future annual report notification)
For further information concerning this matter, please	call:
MELISSA MONCADA	786 564-7290 at
(Name of Contact Person	
Enclosed is a check for the following amount made pa	syable to the Florida Department of State:
■ \$35 Filing Fee □\$43.75 Filing Fee & Certificate of Status	\$43.75 Filing Fee &\$52.50 Filing FeeCertified CopyCertificate of Status(Additional copy is enclosed)Certified Copy(Additional Copy is Enclosed)Enclosed)
<u>Mailing Address</u> Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	<u>Street Address</u> Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

• •

Articles of Amendment to Articles of Incorporation of 1

FILED

RIVER OF HOPE PRESBYTERIAN CHURCH, INC.

· · · ·

( <u>Name of Corporation as cu</u>	rrently filed with t	the Florida Dept.	of State) of T 21	50 5.33
726569				
(Document N	umber of Corporat	ion (if known)	FALLAHASSI	E. PLUAU
Pursuant to the provisions of section 617,1006. Florida Sta amendment(s) to its Articles of Incorporation:	atutes, this <i>Florida</i>	Not For Profit C	orporation adopts th	e following
A. If amending name, enter the new name of the corpo	oration:			
				The new
name must be distinguishable and contain the word "corp "Company" or "Co." may not be used in the name.	ooration" or "inco.	rporated" or the e	abbreviation "Corp."	" or "Inc."
B. <u>Enter new principal office address, if applicable:</u> (Principal office address <u>MUST BE A STREET ADDRE</u>	<u>(SS</u> )			
C. Enter new mailing address, if applicable:				
(Mailing address <u>MAY BE A POST OFFICE BOX</u> )				- <u></u>
			<u> </u>	
D. <u>If amending the registered agent and/or registered</u>		<u>Florida, enter the</u>	e name of the	
new registered agent and/or the new registered offi	<u>ce address:</u>			
<u>Name of New Registered Agent:</u>				
<u>New Registered Office Address</u> :		tFlorida sucer	add en	
			Election	
	(City)		, Florida (Zip Code)	
New Registered Agent's Signature, if changing Registe	red Agent:			
<i>Legy Registered Agent's Signature, it changing Registered</i> <i>I hereby accept the appointment as registered agent, - I a</i>		d accept the oblig	ations of the position	I.

Signature of New Registered Agent, if changing

Page 1 of 4

.

## 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: <u>X.</u> Change <u>X</u> Remove <u>X</u> Add	<u>PT</u> <u>John D</u> <u>V</u> <u>Mike J</u> <u>SV</u> Sally S	ones	
<u>Type of Action</u> (Check One)	Title	Name	<u>Addres</u> s
E) Change	DS	ANABOLENA DUBOCQ	13864 SW 122 COURT
Add Remove			MIAMI, FL 33186
2) Change	D	ANTHONY BEDFORD	10600 SW 40 STREET
Add X Remove			MIAMI, FL 33165
3) Change	D	AMADO F. PORTUONDO	
X Add			MIAMI, FL 33165
Remove			
4) Change	<u>s</u>	MELISSA MONCADA	10600 SW 40 STREET
X Add			MIAMI, FL 33165
Remove			
5) Change			
Add			
Remove			
6)Change			
Add			
Remove		Page 2 of 4	

E.	If amending or adding additional Arti	cles, enter change(s) here:
	(attach additional sheets, if necessary).	(Be specific)

•

\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_ -\_\_\_\_\_ \_\_\_\_ \_\_\_\_ . ..... \_\_\_\_\_ \_\_\_\_ \_\_\_\_ \_\_\_\_ -----

Page 3 of 4

The date of each amendment(s) adoption:	if other than the
Effective date <u>if applicable</u> :	

(no more than 90 days after amendment file date)

<u>Note:</u> 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.

I <u>.</u>	
lure	Tare Inmines.
(By the chairman +	+ vice chairman of the board, president or other officer-if directors
have not been sele	ected, by an incorporator – if in the hands of a receiver, trustee, or
other court appoin	uted fiduciary by that fiduciary)
Jaime Rodrigu	ez.
$\sim$	(Typed or printed plane of person signing)
Director	

(Title of person signing)