

744809

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

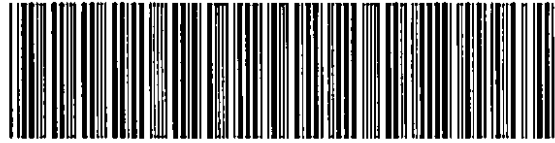
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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11/20/17--01031--015 **42.75

RECEIVED
18 JAN -8 AM 9:59
JAN 16 2018

Amel
R. WHITE
JAN 09 2018

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: THE GOOD SAMARITAN CHRISTIAN REFORMED CHURCH INC

DOCUMENT NUMBER: 744809

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

Please return all correspondence concerning this matter to the following:

Carol Boersma

(Name of Contact Person)

Good Samaritan Christian Reformed Church

(Firm/ Company)

4585 W Flagler ST

(Address)

Miami FL 33134

(City/ State and Zip Code)

elbuensamaritanoerc@yahoo.com

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

For further information concerning this matter, please call:

Carol Boersma

305

5051470

at

(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 checked="" 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) |
|--|---|---|--|

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 13, 2017

CAROL BOERSMA
4585 W FLAGLER ST
MIAMI, FL 33134

SUBJECT: THE GOOD SAMARITAN CHRISTIAN REFORMED CHURCH, INC.
Ref. Number: 744809

We have received your document for THE GOOD SAMARITAN CHRISTIAN REFORMED CHURCH, INC. and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please check the appropriate box on the amendment form regarding the adoption of the amendment(s).

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.

Rebekah White
Regulatory Specialist II

Letter Number: 017A00025173

RECEIVED
10 JAN -8 PM 3:01
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 21, 2017

CAROL BOERSMA
4585 W FLAGLER ST
MIAMI, FL 33134

SUBJECT: THE GOOD SAMARITAN CHRISTIAN REFORMED CHURCH, INC.
Ref. Number: 744809

We have received your document for THE GOOD SAMARITAN CHRISTIAN REFORMED CHURCH, INC. and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

Page 4 must be completed. Please complete page 4 and resubmit.

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.

Rebekah White
Regulatory Specialist II

Letter Number: 917A00023590

RECEIVED
17 DEC 11 PM 1:29
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

Articles of Amendment
to
Articles of Incorporation
of

FILED
18 JAN -8 AM 9:58

THE GOOD SAMARITAN CHRISTIAN REFORMED CHURCH INC

STATE OF FLORIDA
TALLAHASSEE

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

744809

(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:

NA *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)

C. Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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: Carol Boersma

4321 SW 11 St Coral Gables FL 33134

(Florida street address)

New Registered Office Address:

_____, Florida

(City)

(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.

Carol Boersma

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:

<input checked="" type="checkbox"/> Change	<u>PT</u>	<u>John Doe</u>
<input type="checkbox"/> Remove	<u>V</u>	<u>Mike Jones</u>
<input 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	<u>P</u>	<u>Arturo Hernandez</u>	<u>1840 SW 86 Ave</u>
<input type="checkbox"/> Add			<u>Miami FL 33155</u>
<input checked="" type="checkbox"/> Remove			
2) <input type="checkbox"/> Change	<u>Board M</u>	<u>Hermes Garcia</u>	<u>3881 W. Flagler St. Apt 227</u>
<input type="checkbox"/> Add			<u>Miami FL 33134</u>
<input checked="" type="checkbox"/> Remove			
3) <input type="checkbox"/> Change	<u>P</u>	<u>Ildelina Izquierdo</u>	<u>2290 NW 32 St</u>
<input checked="" type="checkbox"/> Add			<u>Miami FL 33142</u>
<input type="checkbox"/> Remove			
4) <input type="checkbox"/> Change	<u>TR</u>	<u>Nivian Nuñez</u>	<u>6375 SW 29 St.</u>
<input checked="" type="checkbox"/> Add			<u>Miami, FL 33155</u>
<input type="checkbox"/> Remove			
5) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			
6) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			

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

NA

The date of each amendment(s) adoption: _____, 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 12-4-17

Signature Carol Boersma
(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)

Carol Boersma
(Typed or printed name of person signing)

Assistant
(Title of person signing)