

N000000002434

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

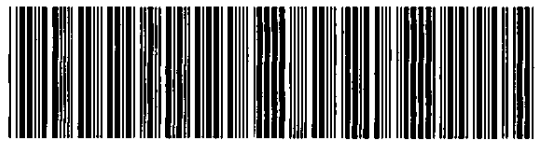
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Amend/M

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
09 MAR 13 PM 4:20

T. Roberts MAR 16 2009



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 2, 2009

HUGO HERNANDEZ
MINISTERIOS RESTAURACION MONTE DE LOS
P O BOX 540984
GREENACRES, FL 33463

SUBJECT: IGLESIA DE RESTAURACION "EL MONTE DE LOS OLIVOS" INC.
Ref. Number: N00000002434

We have received your document for IGLESIA DE RESTAURACION "EL MONTE DE LOS OLIVOS" 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):

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) 245-6892.

Tina Roberts
Regulatory Specialist II

Letter Number: 509A00007148

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2009 MAR 16 AM 8:00

RECEIVED

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: IGLESIA de RESTAURACION "EL MONTE de los OLIVOS" INC.

DOCUMENT NUMBER: NO00000002434

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

Please return all correspondence concerning this matter to the following:

HUGO HERNANDEZ

(Name of Contact Person)

IGLESIA de RESTAURACION "EL MONTE de los OLIVOS" INC.
(Firm/ Company)

P.O. Box 540984
(Address)

GREENACRES, FL 33463
(City/ State and Zip Code)

For further information concerning this matter, please call:

HUGO HERNANDEZ at (561) 966-3471
(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:

☐ \$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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

Articles of Amendment
to
Articles of Incorporation
of

09 MAR 13 PM 4:20

IGLESIA de RESTAURACION "EL MONTE de los Olivos", INC.

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

N00000002434

(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:

MINISTERIOS RESTAURACION MONTE de los Olivos, INC.

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:

New Registered Office Address:

(Florida street 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.

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)

Title	Name	Address	Type of Action
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
	— SEE BELOW —		
			<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)

ARTICLE V: DIRECTORS

THIS CORPORATION SHALL HAVE ONE (1) PRESIDENT, ONE (1) TREASURER AND ONE (1) SECRETARY. THE NUMBER OF DIRECTORS MAY BE INCREASED FROM TIME TO TIME BY BY-LAW, BUT SHALL NEVER BE LESS THAN THREE (3). THE NAMES AND ADDRESSES OF THE DIRECTORS OF THIS CORPORATION ARE:

HUGO HERNANDEZ: 2899 ALABAMA ST., W. PALM BEACH, FL 33406
 NOEMA HERNANDEZ: 2899 ALABAMA ST. W. PALM BEACH, FL 33406
 DANIEL TURCIOS: 5607 HAVER FEDERAL WAY, LAKE WORTH, FL 33463
 JULIO PINEDA: 5839 LIME RD, W. PALM BEACH, FL 33413
 JUAN SANCHEZ: 4429 MINERVA DR., GREENACRES, FL 33463
 INGRIO ESCOBAR: 2819 ALABAMA ST., W. PALM BEACH, FL 33406

The date of each amendment(s) adoption: 02/24/2009

Effective date if applicable: _____
(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 02/24/2009

Signature [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)

HUGO HERNANDEZ
(Typed or printed name of person signing)

DIRECTOR
(Title of person signing)