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(Requ	uestor's Name)	
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(City/	State/Zip/Phone #	7)
PICK-UP	☐ WAIT	MAIL
(Busi	ness Entity Name	)
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Certified Copies	Certificates o	f Status
Special Instructions to Fi	ling Officer:	
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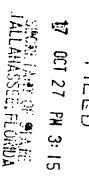
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OCT 3 0 2017 S. YOUNG



## **COVER LETTER**

TO: Amendment Section
Division of Corporations

2.

NAME OF CORPORATION	COMUNIDAD CRIS	TIANA INTERN.	ACIONAL I	DE M	HAMI, INC.	
	1000007708					
DOCUMENT NUMBER:						
The enclosed Articles of Amen	dment and fee are subm	nitted for filing.				
Please return all correspondenc	e concerning this matter	r to the following:				
HECTOR URBINA						
		(Name of Contact	Person)			
		(Firm/ Compa	my)			
3451 SW 156 CT						
		(Address)				
MIAMI, FL 33185						
	(	(City/ State and Zi	p Code)			
drhectorurbina@gmail.com						
E-m	ail address: (to be used	for future annual	report notific	ration	)	
For further information concern	ning this matter, please o	call:				
HECTOR URBINA			786 at		247-7599	
(N	ame of Contact Person)		(Area Co	ode)	(Daytime Telephor	ne Number)
Enclosed is a check for the follo	owing amount made pay	vable to the Florid	a Departmer	nt of S	State:	
■ \$35 Filing Fee	□\$43.75 Filing Fee & [ Certificate of Status	S43.75 Filing For Certified Copy (Additional copenciosed)	y is (	Certifi Certifi	O Filing Fee cate of Status led Copy lional Copy is used)	

**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

COMUNIDAD CRISTIANA INTERNACIONAL DE MIAMLINC.

(Name of Corporation	as currently filed w	ith the Florida Dept. of S	tate)
N01000007708			
(Docum	nent Number of Corp	oration (if known)	
Pursuant to the provisions of section 617.1006. Flor amendment(s) to its Articles of Incorporation:	rida Statutes, this ${\it Flo}$	rida Not For Profit Corpo	ration adopts the following
A. If amending name, enter the new name of the	corporation:		
N/A			The new
name must be distinguishable and contain the word "Company" or "Co," may not be used in the name		ncorporated" or the abbre	
B. Enter new principal office address, if applica (Principal office address MUST BE A STREET A			
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)	BOX) N/A		
D. If amending the registered agent and/or regis		in Florida, enter the nam	ne of the
new registered agent and/or the new register  Name of New Registered Agent:	N/A		7 27
<u>New Registered Office Address</u> :	N/A	(Florida street addre.	M) ONE 3: 15
	(City)		(Zip Code)
New Registered Agent's Signature, if changing I hereby accept the appointment as registered agen		and accept the obligation:	s of the position.

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 Remove X Add	$\underline{V}$ $\underline{M}$	hn Doe ike Jones illy Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	D	JOSE A. ZERON	2651 SW 154 PLACE
X Add			MIAMI, FL 33185
Remove			
2) Change	<u>T</u>	JOSELYN T. ZERON	2651 SW 154 PLACE
X Add			MIAMI, FL 33185
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

E. <u>If amendir</u> (attach add	ng or adding add itional sheets, if i	litional Artice	cles, enter ·(Be specij	change(s) fic)	<u>here</u> :					
 N/A										
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The date of each amendment(s) adoption:	, if other than the
late this document was signed.	
10/25/2017	
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, document's effective date on the Department of State's records.	this date will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
■ The amendment(s) was/were adopted by the members and the number of votes cast for the arwas/were sufficient for approval.	mendment(s)
There are no members or members entitled to vote on the amendment(s). The amendment(s) adopted by the board of directors.	was/were
10/25/2017 Dated	
Signature	
(By the chairman or vice chairman of the board, president or other officer- have not been selected, by an incorporator – if in the hands of a receiver, other court appointed fiduciary by that fiduciary)	
HECTOR URBINA	
(Typed or printed name of person signing)	<del></del>
PRESIDENT	
(Title of person signing)	<del></del>