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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: AMERICAN NEW CATHOLIC CHURCH, INC.
DOCUMENT NUMBER: NO200001109
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
JOSEPH CUELLAR, JR. (Name of Contact Person)
(Name of Contact Person)
AMERICAN NEW CATHOLIC CHURCH (Firm/ Company)
469 SW SEAFLOWER TERRACE (Address)
PORT ST. LUCIE, FL 34984
(City/ State and Zip Code)
JOSEPHC 469 WYA hoo, COM E-mail address: (to be used for future annual report notification)
E-mail address. (to be used for future animal report normeacon)
For further information concerning this matter, please call:
Joseph Cuellar at 772-206-1423 (Name of Contact Person) (Area Code) (Daytime Telephone Number)
(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 & ☐ \$43.75 Filing Fee & ☐ \$52.50 Filing Fee & ☐ \$52.50 Filing Fee & ☐ \$552.50 Filing Fee & ☐ \$552.5

Mailing Address

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address

Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Articles of Amendment

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Articles of Incorporation

of

AMERICAN NEW CATHOLIC CHURCH, INC.
Name of Corporation as currently filed with the Florida Dept. of State)
NO200001109
(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 imendment(s) to its Articles of Incorporation:
A. If amending name, enter the new name of the corporation:
ECUMENICAL CATHOLIC COMMUNITY AND OUTREACH IN. The new must be distinguishable and contain the word "corporation" or "incorporated" or the abbreviation "Corp." or "Inc.
name must be distinguishable and contain the word corporation of theorporated of the accordance of the
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: Name of New Registered Agent:
(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.
Signature of New/Registered Agent, if changing
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.

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Example: X Change X Remove X Add	PT John De V Mike Je SV Sally S	oneș	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change Add		N/A	
Remove			
2) Change Add			
Remove Change Add Remove			
4) Change Add			
Remove			
5) Change Add			
Remove			
6) Change Add	**************************************		
Remove			
E. If amending or additional she		ticles, enter change(s) here: (Be specific)	

			
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ATT			
The date of each amendment(s) adoption: date this document was signed.	<u> </u>		, if other than the
date this document was signed.			
Effective date if applicable:	than 90 days after amend		
(no more	than 90 days after amend	dment file date)	
Note: If the date inserted in this block does not made	at the earlieshle statutors	Glina cominamente thi	e duta will not be listed as the

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 east for the amendment(s) was/were sufficient for approval.

☐ There a	are no members or members entitled to vote on the amendment(s). The amendment(s) was/were d by the board of directors.
	Signature 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) TOSEPH CUELLAR, JR.
	(Typed or printed name of person signing)
	PRESIDENT
	(Title of person signing)