

10200001448

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies

Certificates of Status

Special Instructions to Filing Officer:

Office Use Only



700162682147

11/19/09--01042--014 \*\*43.75

*11/19/09*  
*11/20/09*

FILED  
2009 NOV 19 PM 11:08  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**NAME OF CORPORATION:** CHILDREN & FAMILIES EMPOWERMENT CENTER

**DOCUMENT NUMBER:** N02000001448

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

Please return all correspondence concerning this matter to the following:

MARYLEEN M. SIMEON

Name of Contact Person

CHILDREN & FAMILIES EMPOWERMENT CENTER, INC.

Firm/ Company

1725 NE 164TH STREET

Address

NORTH MIAMI BEACH, FLA. 33162

City/ State and Zip Code

cafecfoundation@yahoo.com

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

For further information concerning this matter, please call:

Maryleen M. Simeon

Name of Contact Person

at ( 305 )

354-9505

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

Articles of Amendment  
to  
Articles of Incorporation  
of

CHILDREN & FAMILIES EMPOWERMENT CENTR, INC.

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

NO2000001448

(Document Number of Corporation (if known))

FILED

2009 NOV 19 PM 11:08

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Pursuant to the provisions of section 607.1006, Florida Statutes, this *Florida Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

**A. If amending name, enter the new name of the corporation:**

FAITH ANGEL ACADEMY, INC.

*The new*

*name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.," or the designation "Corp.," "Inc.," or "Co.". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."*

**B. Enter new principal office address, if applicable:**

(Principal office address **MUST BE A STREET ADDRESS**)

1725 NE 164TH STREET

NORTH MIAMI BEACH, FL. 33162

**C. Enter new mailing address, if applicable:**

(Mailing address **MAY BE A POST OFFICE BOX**)

1725 NE 164TH STREET

NORTH MIAM BEACH, FL. 33162

**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:

J.C. CANTAVE, INC.

New Registered Office Address:

1970 NW 180TH STREET

(Florida street address)

MIAMI GARDENS,

(City)

Florida 33056

(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)*

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
<u>DIR.</u>	<u>MARIE N. MONEREAU</u>	<u>821 NE 205 STREET</u> <u>MIAMI, FL 33179</u>	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
<u>DIR</u>	<u>FRITZ SIMEON</u>	<u>17900 NW 19TH STREET</u> <u>PEMBROKE PINES, FL</u> <u>33029</u>	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
<u>ED/P</u>	<u>MARYLEEN M. SIMEON</u>	<u>17900 NW 19TH STREET</u> <u>PEMBROKE PINES, FL 33029</u>	<input checked="" 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)*

HARRIS, LAHTEEF AND HUGO DAMAS HAVE BEEN REPLACE BY THE ABOVE

OFFICERS, AMENDMENT ADOPTED AND SIGNED ON NOVEMBER 5, 2009

2- NAME HAS BEEN CHANGED FROM CHILDREN& FAMILIES EMPOWERMENT CEN

AMENDMENT ADOPTED AND SIGNED ON NOVEMBER 5, 2009

**F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:**

*(if not applicable, indicate N/A)*

The date of each amendment(s) adoption: NOVEMBER 5, 2009

Effective date if applicable: NOVEMBER 5, 2009  
(date of adoption is required)  
(no more than 90 days after amendment file date)

Adoption of Amendment(s) (CHECK ONE)

☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.

☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):

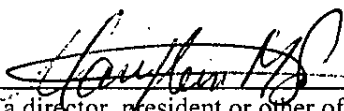
"The number of votes cast for the amendment(s) was/were sufficient for approval

by \_\_\_\_\_."  
(voting group)

☒ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.

☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.

Dated NOVEMBER 5, 2009

Signature   
(By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)

MARYLEEN M. SIMEON

(Typed or printed name of person signing)

MARYLEEN M. SIMEON

(Title of person signing)