

N04 000005437

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

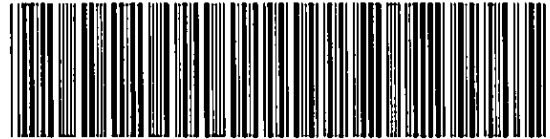
(Business Entity Name)

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04/15/19--U1035--002 **43.75

R. WHITE
APR 15 2019

FILED
2019 APR 15 PM 6:38

COVER LETTER

TO: Amendment Section
Division of Corporations

Kissimmee Family Mission, Inc.

NAME OF CORPORATION: _____

N04000005437

DOCUMENT NUMBER: _____

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

Please return all correspondence concerning this matter to the following:

Cynthia Perez Rodriguez

(Name of Contact Person)

Kyrios Rapha Mission, Inc.

(Firm/ Company)

575 W. Carroll Street

(Address)

Kissimmee, FL 34741

(City/ State and Zip Code)

kyriosraphaine@gmail.com

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

For further information concerning this matter, please call:

Cynthia Perez Rodriguez

407

744-8546

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

RECEIVED

2019 APR 15 PM 2:52

SECRET
TALLAHASSEE, FL

April 4, 2019

CYNTHIA PEREZ RODRIGUEZ
575 W. CARROLL ST
KISSIMMEE, FL 34741

SUBJECT: KISSIMMEE FAMILY MISSION, INC.
Ref. Number: N04000005437

We have received your document for KISSIMMEE FAMILY MISSION, 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):

If the corporation is a **PROFIT** corporation it must be signed 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.

If the corporation is a **NOT FOR PROFIT** corporation it must be signed 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.

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 III

Letter Number: 319A00006732

Articles of Amendment
to
Articles of Incorporation
of

FILED

Kissimmee Family Mission, Inc.

2019 APR 15 PM 6:38

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

N04000005437

STATE
TALLAHASSEE

(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:

Kyrios Rapha Mission, 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:

575 W. CARROLL STREET

(Principal office address **MUST BE A STREET ADDRESS**) KISSIMMEE, FL 34741

C. Enter new mailing address, if applicable:

575 W. CARROLL STREET

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

KISSIMMEE, FL 34741

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:

CYNTHIA PEREZ RODRIGUEZ

575 W. CARROLL STREET

(Florida street address)

New Registered Office Address:

KISSIMMEE

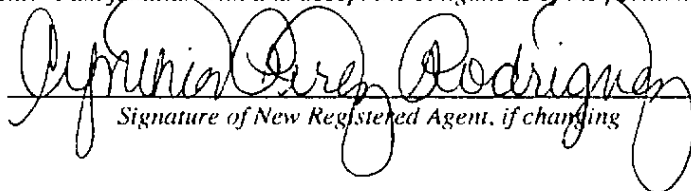
34741

(City)

Florida (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)

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 checked="" type="checkbox"/> Remove	<u>V</u>	<u>Mike Jones</u>
<input checked="" 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>RAFAEL PEREZ</u>	<u>575 W. CARROLL STREET</u>
<input type="checkbox"/> Add			<u>KISSIMMEE, FL 34741</u>
<input checked="" type="checkbox"/> Remove			
2) <input type="checkbox"/> Change	<u>V</u>	<u>NELLY PEREZ</u>	<u>575 W. CARROLL STREET</u>
<input type="checkbox"/> Add			<u>KISSIMMEE, FL 34741</u>
<input checked="" type="checkbox"/> Remove			
3) <input checked="" type="checkbox"/> Change	<u>PTD</u>	<u>CYNTHIA PEREZ RODRIGUEZ</u>	<u>5420 SPRING RUN AVE</u>
<input type="checkbox"/> Add			<u>ORLANDO, FL 32819</u>
<input type="checkbox"/> Remove			
4) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<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			

E. If amending or adding additional Articles, enter change(s) here:

(attach additional sheets, if necessary). (Be specific)

Kissimmee Family Mission, Inc. is to be changed to Kyrios Rapha Mission, Inc. to reflect closely to the current mission statement. Officers are changed in order for the non-profit organization to be conducted and run by the successor of who in this case will be Cynthia Perez Rodriguez effective immediately. Updating the names of Officers can be made at a later date as the need arises. The address has been changed since the previous office/address is now closed. The new address will be 575 W. Carroll Street, Kissimmee, FL 34741. The name and address of the registered agent is to be changed to the successor Cynthia Perez Rodriguez, 5420 Spring Run Ave, Orlando, FL 32819. The signature of the person authorized to sign off on all paperwork is changed to the successor Cynthia Perez Rodriguez who will also be the President, Treasurer, and Director.

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

April 10, 2019

Signature

Cynthia Perez Rodriguez

(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)

Cynthia Perez Rodriguez

(Typed or printed name of person signing)

President, Treasurer, Director

(Title of person signing)