

JUL/10/2015/FRI 09:24 AM

7/8/2015

**N04 0000 11799**

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To: Division of Corporations  
Fax Number : (850)617-6380

From: Account Name : HISPANUSA INC  
Account Number : I20070000099  
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**COR AMND/RESTATE/CORRECT OR O/D RESIGN  
IGLESIA CRISTIANA CONFRATERNIDAD DE BROWARD INC.**

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C. CARROTHERS

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FAX No.

P. 002

**COVER LETTER**

TO: Amendment Section  
Division of Corporations

NAME OF CORPORATION: IGLESIA CRISTIANA CONFRATERNIDAD DE BROWARD INC

DOCUMENT NUMBER: N04000011799

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

Please return all correspondence concerning this matter to the following:

ROCIO ALVAREZ

(Name of Contact Person)

(Firm/ Company)

8737 FOREST HILLS BLVD

(Address)

CORAL SPRINGS, FL 33065

(City/ State and Zip Code)

confrausa@gmail.com

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

For further information concerning this matter, please call:

ROCIO ALVAREZ

954

245-2090

at

(Name of Contact Person)

(Area Code)

(Daytime Telephone Number)

Articles of Amendment  
to  
Articles of Incorporation  
of

IGLESIA CRISTIANA CONFRATERNIDAD DE BROWARD INC

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

N04000011799

(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:**

*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:

*(Florida street address)*

New Registered Office Address:

*(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*

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CLERK OF STATE  
TALLAHASSEE, FLORIDA

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>T</u>	<u>RIGOBERTO PATINO</u>	<u>8664 NW 40 ST</u>
<input type="checkbox"/> Add			<u>CORAL SPRINGS, FL 33065</u>
<input checked="" type="checkbox"/> Remove			
2) <input type="checkbox"/> Change	<u>T</u>	<u>FRANCISCO MARTINEZ</u>	<u>8916 NW 26 CT</u>
<input type="checkbox"/> Add			<u>CORAL SPRINGS, FL 33065</u>
<input checked="" type="checkbox"/> Remove			
3) <input type="checkbox"/> Change	<u>TREAS</u>	<u>JUAN JAIRO MARIN</u>	<u>1599 NW 91ST AVE</u>
<input checked="" type="checkbox"/> Add			<u>CORAL SPRINGS, FL 33071</u>
<input type="checkbox"/> Remove			
4) <input type="checkbox"/> Change	<u>ASST SI</u>	<u>YAHIRA GONZALEZ</u>	<u>8711 FOREST HILLS BLVD</u>
<input checked="" type="checkbox"/> Add			<u>CORAL SPRINGS, FL 33065</u>
<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			

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P. 005

**E. If amending or adding additional Articles, enter change(s) here:**  
(attach additional sheets, if necessary). (Be specific)

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There is no text or other markings on the paper.

The date of each amendment(s) adoption: 06/07/2015, if other than the date this document was signed.

Effective date if applicable: 06/07/2015  
(no more than 90 days after amendment file date)

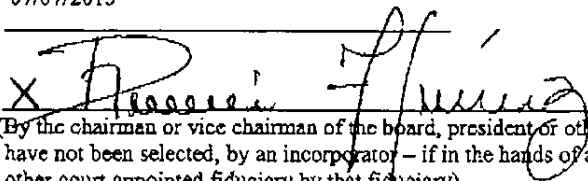
**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

**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 07/07/2015

Signature

X   
(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)

ROCIO ALVAREZ

(Typed or printed name of person signing)

SECRETARY

(Title of person signing)