N04449

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Name Ong Amend.

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF COR	PORATION: AMERICAN C	CATHOL	IC CHURCH	- SANTUARIO DE L		
DOCUMENT NU	JMBER: <u>N04449</u>	·				
The enclosed Artic	cles of Amendment and fee are sul	bmitted for	filing.			
Please return all co	orrespondence concerning this mat	tter to the f	following:			
منيسيد. -		LUIS LO		****		
	(Name of	f Contact P	'erson)			
	AMERICAN CATHOLIC-JUD	EIC OR	THODOX CHUR	CH CORP.		
	(Firm	n/ Compan	у)			
	782 NW LEJEU	NE ROA	D, SUITE 210			
*******	(Address)					
	MIAA	/II FL 331	120			
_		ite and Zip				
	PUBLICACCOUNT	ΓING@BI	ELLSOUTH.NET	r		
	E-mail address: (to be use					
For further inform	ation concerning this matter, pleas	se call:				
JOSE LUIS LO	PEZ	at (305) 441-1	882		
(Na	me of Contact Person)			ytime Telephone Number)		
Enclosed is a chec	k for the following amount made p	payable to	the Florida Departm	nent of State:		
\$35 Filing Fee	☑ \$43.75 Filing Fee & Certificate of Status	Certif	3.75 Filing Fee & ied Copy tional copy is sed)	☐ \$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)		
Mailing Address			Street Address	•		
	nendment Section vision of Corporations		Amendment Section Division of Corporations			
P.O. Box 6327			Clifton Building			
Та	llahassee, FL 32314		2661 Executive Center Circle			

Tallahassee, FL 32301

Articles of Amendment

to Articles of Incorporation of

FILED

09 NOV 18 PM 3: 20

AMERICAN CATHOLIC	CHURCH - SA	NTUARIO D	E LA CARIDITARY OF STATE L of State) ALLAHASSEE, FLORIDA
AD DEL COBLEMO. (Name of Corporation as		the Florida Dep	L. of State) ALLAHASSEE, FLORIDA
(Decument	N04449	ion (if Image)	1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-
(Documer	nt Number of Corporat	ion (ii known)	
Pursuant to the provisions of section 617. the following amendment(s) to its Article		, this <i>Florida No</i>	t For Profit Corporation adopts
A. If amending name, enter the new na	ame of the corporation	<u>n:</u>	
. AMERICAN CATHOLI	C-JUDEIC ORTHO	DOX CHURC	CH CORP.
The new name must be distinguishable abbreviation "Corp." or "Inc." "Compa			
B. Enter new principal office address,		N/A	
(Principal office address MUST BE A.S.	TREET ADDRESS)	N/A	
·		N/A	· · · · · · · · · · · · · · · · · · ·
C. Enter new mailing address, if appli (Mailing address MAY BE A POST)		N/A	
		N/A	
		N/A	
D. If amending the registered agent an new registered agent and/or the new			ida, enter the name of the
Name of New Registered Agent:	»·····································	N/A	·
	•	N/A	
New Registered Office Address:	(Flor	ida street address)
	******	N/A	, Florida N/A
		(City)	(Zip Code)
New Registered Agent's Signature, if cl I hereby accept the appointment as regi position.			d accept the obligations of the
	N/A		
•	Signature of New	Registered Agen	t, 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)

Title <u>Name</u> Address Type of Action N/A ☐ Add ☐ Remove N/A ☐ Add ☐ Remove N/A ☐ Remove E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific) N/A

The date of each amendmen	t(s) adoption: 11/09/2009
Effective date <u>if applicable</u> :	(date of adoption is required)
^	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/we was/were sufficient for app	re adopted by the members and the number of votes cast for the amendment(s) roval.
There are no members or adopted by the board of di	members entitled to vote on the amendment(s). The amendment(s) was/were rectors.
Dated_11/0	9/2009
Signature	(lubus Leal
(By	the chairman or vice chairman of the board, president or other officer-if directors to not been selected, by an incorporator – if in the hands of a receiver, trustee, of the court appointed fiduciary by that fiduciary)
	ANDRES LEAL
	(Typed or printed name of person signing)
•	VICE PRESIDENT
	(Title of person signing)

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