N04449

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COVER LETTER

TO: Amendment Section

Division of Corporations

Amendment Section

P.O. Box 6327

Division of Corporations

Taliahassee, FL 32314

AMERICAN CATHOLIC JUDAIC ORTHODOX CHURCH, INC. NAME OF CORPORATION: DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: ANDRES LEAL (Name of Contact Person) AMERICAN CATHOLIC JUAIC ORTHODOX CHURCH, INC. (Firm/ Company) 1670 W 39 PL. BAY #1309 (Address) HIALEAH, FLORIDA 33012 (City/ State and Zip Code) andresleal50@yahoo.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: ANDRES LEAL (Name of Contact Person) Enclosed is a check for the following amount made payable to the Florida Department of State: □\$52.50 Filing Fee \$35 Filing Fee \$\Bigcup \$43.75 Filing Fee & \$\Bigcup \$43.75 Filing Fee & Certificate of Status Certificate of Status **Certified Copy** (Additional copy is Certified Copy enclosed) (Additional Copy is Enclosed) **Mailing Address** Street Address

Amendment Section

Division of Corporations Clifton Building

Tallahassee, FL 32301

2661 Executive Center Circle

Articles of Amendment to Articles of Incorporation

AMERICAN CATHOLIC JUUDAIC ORTHODOX CHURCH, INC.

				
(Name of Corporation as current)	y filed with the Flo	rida Dept. of State)		
N04449				
(Document	Number of Corpor	ation (if known)		
Pursuant to the provisions of section 617.1 amendment(s) to its Articles of Incorporation		s, th i s <i>Florida Not For P</i>	rofit Corporation ad	opts the following
A. I(amending name, enter the new na	me of the corporat	on:		
SAME				The new
name must be distinguishable and contain "Company" or "Co." may not be used in		tion" or "incorporated" o	or the abbreviation "	
B. Enter new principal office address, if applicable:		1670 W 39 PL.	BAY #1309	Cales.
(Principal office address <u>MUST BE A ST</u>		HIALEAH, F		75 NO
C. Enter new mailing address, if applica (Mailing address MAY BE A POST OF				
		1670 W 39 PL.	BAY #1309	SAME A
		HIALEAH, F	L. 33012	
D. If amending the registered agent an	il/or registered offi	re address in Florida, er	्रव ter the name of the	
new registered agent and/or the new	registered office a	ddress:		
Name of New Registered Agent:	ANDRES LE	EAL		
	1670 W 3	9 PL. BAY #	1309	
New Registered Office Address:		(Florida street address)		
	HIALEAH		, Florida <u>330</u> 1	12
	(City)		, Florida (Zip Code)	
New Registered Agent's Signature, if ch I hereby accept the appointment as registe Sign	ered agent. I am fa	Agent: miliar with and accept the	e doligations of the p	osition.
		Page 1 of 4		

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: X Change X Remove X Add	PT John I V Mike I SV Sally S	lones	
Type of Action (Check One)	Title	Name:	Address
1) X Change	PTSD	ANDRES LEAL	1670 W 39 PL. #1309
Add			HIALEAH, FL.33012
Remove			
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific)				
PLE	ASE CHANGE D	E FOLLOWING POSITIONS:		
PTSD	ANDRES LEAL	1670 W 39 PL. #1309, HIALEAH, FL. 33012		
VPD	JOEL DEL CAMPO	1670 W 39 PL. #1309, HIALEAH, FL. 33012		
		•		
REN	10VE THE FOW	ING PERSONS AND POSITIONS:		
P	GILBERTO PRADO	1670 W 39 PL. #1309, HIALEAH, FL. 33013		
-	.,			
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(Title of person signing)