

NO60000007993

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08/09/10--01047--008 **43.75

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2010 AUG 30 PM 1:28
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RR

8/30/10

**00789,00524,00671*

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Compassion In Action Ministries

DOCUMENT NUMBER: N06000007993

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

Please return all correspondence concerning this matter to the following:

MARIA ELENA ANDERSON
(Name of Contact Person)

Compassion In Action Ministries
(Firm/ Company)

110 NE 171 TERRACE
(Address)

NORTH MIAMI BEACH, FL. 33162
(City/ State and Zip Code)

CIAministries@bellsouth.net
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MARIA ELENA ANDERSON at (786) 942-9836
(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:

☐ \$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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED
2010 AUG 30 AM 8:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

August 11, 2010

Maria Elena Anderson
Compassion in Action Ministries
110 NE 171 Terrace
North Miami Beach, FL 33162

SUBJECT: COMPASSION IN ACTION MINISTRIES, INCORPORATED
Ref. Number: N06000007993

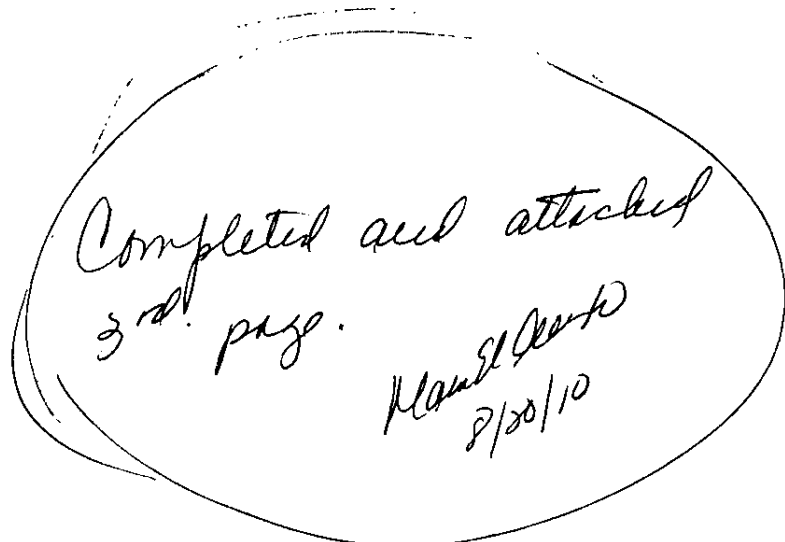
We have received your document for COMPASSION IN ACTION MINISTRIES, INCORPORATED and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form that you submitted is incomplete. The third page is missing. I have enclosed a blank third page for you to fill out and return to us when you resubmit the document.

If you have any questions concerning the filing of your document, please call (850) 245-6907.

Annette Ramsey
Regulatory Specialist II

Letter Number: 410A00019357



Articles of Amendment
to
Articles of Incorporation
of

FILED
2010 AUG 30 PM 1:28
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Compassion In Action Ministries, Incorporated
(Name of Corporation as currently filed with the Florida Dept. of State)

NO6 00000 7993

(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: _____

New Registered Office Address: _____ (Florida street address)

_____, Florida
(City) (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

(Attach additional sheets, if necessary)

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

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>D</u>	<u>DANIEL, HERNANDEZ</u>	<u>9021 SW 94 St.</u> <u>#806</u> <u>MIAMI, FL. 33176</u>	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
<u>D</u>	<u>RAFAEL, CASTRO</u>	<u>3951 Adra Ave.</u> <u>DORAL, FL. 33178</u>	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
<u>TD</u>	<u>LUZ MARINA ESPINOSA</u>	<u>14401 NW 16 Ct.</u> <u>MIAMI FL. 33167</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)

[illegible]

(Attach additional sheets, if necessary)

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

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

(Attach additional sheets, if necessary)

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

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

The date of each amendment(s) adoption: 7/22/10

Effective date if applicable: 8/2/10 (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 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 8/20/10

Signature Maria Elena Anderson
(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)

MARIA ELENA ANDERSON
(Typed or printed name of person signing)

PRESIDENT
(Title of person signing)