

N08000000 1937

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2010 JUN 11 AM 9:03

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JUN 16 2010

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**NAME OF CORPORATION:** ADORACAO SEM LIMITES, INC

**DOCUMENT NUMBER:** N08000001937

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

Please return all correspondence concerning this matter to the following:

MARIA M. CALDAS-LOPES

(Name of Contact Person)

MADE IN BRAZIL INSURANCE AND SERVICES AGENCY, LLC

(Firm/ Company)

3800 FOWLER STREET SUITE # 5

(Address)

FORT MYERS, FLORIDA 33901

(City/ State and Zip Code)

MADEINBRAZILSERVICES@HOTMAIL.COM

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

For further information concerning this matter, please call:

MARIA M. CALDAS-LOPES

(Name of Contact Person)

at ( 239 ) 931-6079

(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

May 28, 2010

MADE IN BRAZIL INSURANCE AND SERVICES AGENCY, LLC  
MARIA M CALDAS-LOPES  
3800 FOWLER ST STE 5  
FORT MYERS, FL 33901

SUBJECT: ADORACAO SEM LIMITES, INC.  
Ref. Number: N08000001937

We have received your document for ADORACAO SEM LIMITES, 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):

The document must contain written acceptance by the registered agent, (i.e. "I hereby am familiar with and accept the duties and responsibilities as registered agent for said corporation/limited liability company"); and the registered agent's signature.

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) 245-6925.

Teresa Brown  
Regulatory Specialist II

Letter Number: 110A00013535

Articles of Amendment  
to  
Articles of Incorporation  
of

ADORACAO SEM LIMITES, INC

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

N08000001937

(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:**

IGREJA ADORACAO SEM LIMITES, 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:**

(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:

Made In Brazil Insurance and Servi  
3800 Fowler Street Ste 5 CAS Agency, LLC

New Registered Office Address:

(Florida street address)  
Fort Myers, FL 33901  
(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.

(Same agent)

Signature of New Registered Agent, if changing

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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)

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<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)

AMEND (SD) ADDRESS: MARIA M. CALDAS-LOPES

5113 29TH STREET S.W.

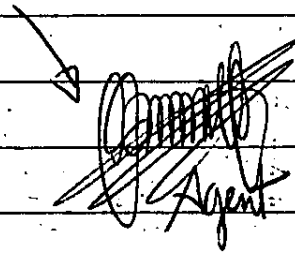
LEHIGH ACRES, FL. 33973

AMEND (AGENT) NAME AND ADDRESS:

MADE IN BRAZIL INSURANCE AND SERVICES AGENCY, LLC

3800 FOWLER STREET SUITE # 5

FORT MYERS, FLORIDA 33901

  
Agent

The date of each amendment(s) adoption: 05/26/2010  
(date of adoption is required)

Effective date if applicable: 05/26/2010  
(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 05/26/2010

Signature 

(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)

RENATO L. B. CALDAS

(Typed or printed name of person signing)

PD

(Title of person signing)