

NS000000 2969

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

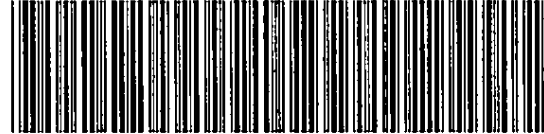
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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05/04/18--01012--022 **35.00

FILED
18 MAY 18 AM 10:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Amel
R. WHITE
MAY 21 2018

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: CASA DE BENDICION, INC.

DOCUMENT NUMBER: N08000002969

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

Please return all correspondence concerning this matter to the following:

JAYFRED MORALES

Name of Contact Person

CASA DE BENDICION, INC.

Firm/ Company

2525 FORTUNE ROAD

Address

KISSIMMEE, FL 34744

City/ State and Zip Code

pastorjayfred@gmail.com

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

For further information concerning this matter, please call:

MIGDALIA SANTIAGO

at (407) 414-2999

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

May 9, 2018

JAYFRED MORALES
2525 FORTUNE RD
KISSIMMEE, FL 34744

SUBJECT: CASA DE BENDICION INC.
Ref. Number: N08000002969

We have received your document for CASA DE BENDICION INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please check the appropriate box on the amendment form regarding the adoption of the amendment(s).

Please print the name of the corporation at the top of page 1(of 4).

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) 245-6050.

Rebekah White
Regulatory Specialist II

Letter Number: 218A00009587

RECEIVED
18 MAY 18 PM 1:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Articles of Amendment
to
Articles of Incorporation
of

FILED

18 MAY 18 AM 10:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Casa De Bendicion Inc.

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

(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

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 PT John Doe

X Remove V Mike Jones

X Add SV Sally Smith

Type of Action (Check One)	Title	Name	Address
1) <input type="checkbox"/> Change	<u>T</u>	<u>EVELYN MARTINEZ</u>	<u>119 MEXICALI AVE.</u>
<input type="checkbox"/> Add			<u>KISSIMMEE, FL 34743</u>
<input checked="" type="checkbox"/> Remove			
2) <input type="checkbox"/> Change	<u>T</u>	<u>MARIA DE LOURDES SOSA CAS</u>	<u>8415 BARNSTABLE PLACE</u>
<input checked="" type="checkbox"/> Add			<u>ORLANDO, FL 32827</u>
<input type="checkbox"/> Remove			
3) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			
4) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<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			

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

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

PLEASE REMOVED MRS. EVELYN MARTINEZ FROM THE TREASURER POSITION. MRS. MARTINEZ
HAD RESIGNED THE TREASURER POSITION AS OF DECEMBER OF 2017. MRS. MARTINEZ DECIDED TO
STAY ON THE POSITION UNTIL THE CHURCH FINDS A REPLACEMENT.

WE ARE ADDING MRS. MARIA DE LOURDES SOSA CASTRO WHO ACCEPTED THE TREASURE POSITION ON
MARCH 2018.

ATTACHED PLEASE FIND A CHECK OF \$35.00.

IF YOU HAVE ANY QUESTIONS, PLEASE DO NOT HESITATE TO CALL MIGDLAIA SANTIAGO AT 407-414-2999

SINCERELY,

Migdalia Santiago,

Secretary

**F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares,
provisions for implementing the amendment if not contained in the amendment itself:**

(if not applicable, indicate N/A)

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

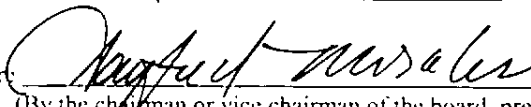
Effective date if applicable: _____
(no more than 90 days after amendment file date)

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 5/1/2018

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)

Jayfred Morales
(Typed or printed name of person signing)

Pastor
(Title of person signing)