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DEC 09 2013 R. WHITE 13 BEC -3 FN 2: 45
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: IGREJA BATISTA BETESDA, INC	
DOCUMENT NUMBER: N0800009877	
The enclosed Articles of Amendment and fee are submitted for filing.	
Please return all correspondence concerning this matter to the following:	

GILVAM F DOS SANTOS

Name of Contact Person

GFS TAX & ACCOUNTING SERVICES

Firm/ Company

3127 COCOPLUM CIRCLE

Address

COCONUT CREEK FL 33063

City/ State and Zip Code

GIL611@LIVE.COM

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

For further information concerning this matter, please call:

GILVAM F DOS SANTOS	at (954	9408322
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 Certificate of Status Certified Copy (Additional copy is enclosed)

□ \$43.75 Filing Fee 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

Articles of Amendment to Articles of Incorporation

FILED

13 DEC -3 FM 2:45

IGREJA BATISTA BETESDA, INC

SECRETARY OF STATE TALLAHASSEE, FLORIDA

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

(Document Number of	of Corporation (if k	nown)		
Pursuant to the provisions of section 607.1006, Florients Articles of Incorporation:	da Statutes, this FI	orida Profit Corporation ad	lopts the following	g amendment(s) t
A. If amending name, enter the new name of the	corporation:			
				The new
name must be distinguishable and contain the we "Corp.," "Inc.," or Co.," or the designation "Corword "chartered," "professional association," or th	p," "Inc," or "Co	o". A professional corpora	rated" or the aution name must o	bbreviation
B. Enter new principal office address, if applicab	le:			
(Principal office address <u>MUST BE A STREET AD</u>				
				-
				-
C. Enter new mailing address, if applicable:				
(Mailing address <u>MAY BE A POST OFFICE B</u>	(OX)			-
		•		-
				-
D. If amending the registered agent and/or regist new registered agent and/or the new registere		s in Florida, enter the nan	ne of the	
Name of New Registered Agent				
		 		
	(Florida stree	t address)		
New Registered Office Address:	(City)	, Florida_	(Zip Code)	_
	(City)		(Zip Coae)	
New Registered Agent's Signature, if changing Re	egistered Agent:			
I hereby accept the appointment as registered agent.		th and accept the obligation	s of the position.	
Signature of	New Registered Ac	ant 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	<u>PT</u> <u>Joh</u>	n Doe	
X Remove	<u>V</u> <u>Mil</u>	ke Jones	
_X Add	SV Sal	ly Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change	SEC	JUCIREMA GARCIA	4421 NE 15TH AVE
Add			POMPANO BCH FL 33060
Remove			
2) Change	Т	MARCELINO GARCIA	4421 NE 15TH AVE
Add			POMPANO BCH FL 33060
Remove			
3) Change	SEC	OZENILDE L OLIVEIRA	3530 SOUTH 55TH AVE
✓ _Add			GREENACRES FL 33463
Remove			
4) Change	<u>T</u>	JANETE BACARREZA	225 ARABIAN RD
Add			PALM BCH FL 33480
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

	ng or adding additional Articles, enter change(s) here: ditional sheets, if necessary). (Be specific)	
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î an ame	indment provides for an exchange, reclassification, or cancellation of issued share	es.
provisio	endment provides for an exchange, reclassification, or cancellation of issued share ns for implementing the amendment if not contained in the amendment itself:	es.
provisio	endment provides for an exchange, reclassification, or cancellation of issued share ns for implementing the amendment if not contained in the amendment itself: ot applicable, indicate N/A)	es,
provision (if no	ns for implementing the amendment if not contained in the amendment itself:	es,
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provisio	ns for implementing the amendment if not contained in the amendment itself:	es,

the date of each amendment(s) ad	option:	, if other than th
date this document was signed.		
Effective date if applicable:	(no more than 90 days after amendment file date)	
	(no more than 90 days after amenament file date)	
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were ado by the shareholders was/were su	pted by the shareholders. The number of votes cast for the amendment(s) fficient for approval.	
	roved by the shareholders through voting groups. The following statement each voting group entitled to vote separately on the amendment(s):	
"The number of votes east	for the amendment(s) was/were sufficient for approval	
by	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
	(voting group)	
The amendment(s) was/were ado action was not required.	pted by the board of directors without shareholder action and shareholder	
action was not required.	pted by the incorporators without shareholder action and shareholder	
Dated 11/27/20	012	
Signature		
	irector, president or other officer – if directors or officers have not been	
	d, by an incorporator – if in the hands of a receiver, trustee, or other court	
appoint	ed fiduciary by that fiduciary)	
	ISRAEL P DE OLIVEIRA	
	(Typed or printed name of person signing)	
	PV	
	(Title of person signing)	