N09000009434

, (F	Requestor's Name)	
(A)	Address)	
(A	Address)	
(0	City/State/Zip/Phone #)	
PICK-UP	☐ WAIT	MAIL
(E	Business Entity Name)	
(C	Document Number)	
Certified Copies	Certificates of	Status
Special Instructions t	o Filing Officer:	

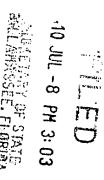
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FLORIDA DEPARTMENT OF STATE Division of Corporations

June 30, 2010

JAMES J O'HEARN JAMES J. O'HEARN, ACCOUNTANT 2466 NE 17TH COURT JENSEN BEACH, FL 34957

SUBJECT: CENTRO FAMILIAR CRISTIANO LLEVANDO UNA LUZ INC

Ref. Number: N09000009434

We have received your document for CENTRO FAMILIAR CRISTIANO LLEVANDO UNA LUZ INC and your check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

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) 245-6892.

Tina Roberts Regulatory Specialist II

Letter Number: 310A00016008

ACCEIVEOUS 2010 JUL-8 AN 8: 00 SECRETARY OF STATE FALLAHASSEE. FLORIDA

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CO	RPORATION: CENTRO FAM	IILIAR CRISTIANO LLE	VANDO UNA LUZ, FNC.
DOCUMENT N	NUMBER: N09000009434		
The enclosed Ar	ticles of Amendment and fee are sub-	mitted for filing.	
Please return all	correspondence concerning this matter	er to the following:	
_	JAMES	J O'HEARN	
	(Name of	Contact Person)	
_	JAMES J O'HEA	ARN, ACCOUNTANT	·
_	(Firm	/ Company)	
	2466 NE	17TH COURT	
	(A	(ddress)	
_	JENSEN BE	EACH, FL 34957	
	(City/ State	e and Zip Code)	<u>-</u>
<u></u>		BELLSOUTH.NET	
	`	for future annual report notifica	tion)
For further inform	mation concerning this matter, please	call:	
JAMES JO'H		at (561) 704-2608	
(N	ame of Contact Person)	(Area Code & Daytim	e Telephone Number)
Enclosed is a che	eck for the following amount made pa	ayable 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)
[F	Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Fallahassee, FL 32314	Street Address Amendment Section Division of Corporation Clifton Building 2661 Executive Center Tallahassee, FL 32301	

Articles of Amendment to **Articles of Incorporation**

1	, į
10 JUL -8	FED
ر میں علاقہ میں میں میں میں میں میں میں میں میں ہے۔ ماری میں میں میں میں میں میں میں میں میں می	ري د
	PH 3: 12-

CENTRO FAMILIAR CRISTIANO LLEVANDO UNA LUZINO

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

N09000009434

(Document Number of Corporation (if known)

Pursuant to the provisions of section 617.1006, Florida Statutes, this Florida Not For Profit Corporation adopts

. If amending name, enter the new name	of the corporatio	<u>n:</u>	
he new name must be distinguishable and bbreviation "Corp." or "Inc." <u>"Company"</u>	contain the word or "Co." may not	"corporation" or "in t be used in the name.	corporated" or the
. Enter new principal office address, if ap Principal office address <u>MUST BE A STRE</u>		1373 SW CALIFO	RNIA BOULEV
	<u>(ET ADDRESS</u>)	PORT ST LUCIE,	FL 34953
. Enter new mailing address, if applicable (Mailing address MAY BE A POST OFF			
If amending the registered agent and/or	registered office	address in Florida, er	nter the name of the
If amending the registered agent and/or new registered agent and/or the new reg			nter the name of the
	istered office add		nter the name of the
new registered agent and/or the new reg	zistered office add	<u>lress:</u>	nter the name of the
new registered agent and/or the new reg	zistered office add JAME 2466 NI	dress: S J O'HEARN	nter the name of the
Name of New Registered Agent:	JAME 2466 NI (Flori	dress: S J O'HEARN E 17TH COURT	nter the name of the

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

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>	Address	Type of Action
T/D	CARRASQUILLO, ORLAND	624 SEA PINE WAY # F-2 GREENACRES, FL 33415 US	☐ Add ☐ Remove
<u>s</u>	GOMEZ, WALTER	2381 SE BEECHWOOD TERRA	✓ Add ☐ Remove
T/D	BALMASEDA, ANA MARK	PORT ST LUCIE, FL 34952 US 2385 NW 11TH STREET APT B-16 MIAMI, FL 33125	☑ Add ☐ Remove
(attach addit	g or adding additional Articles, enter continuation in the specific of the spe		
THE SPECIA	FIC PURPOSE FOR WHICH THIS	CORPORATION IS ORGA	NIZED IS:
	GOD'S PURPOSE BY HELPING		<u>.</u>
	, SEMINARS AND MUSIC.		
			
			· · · · · · · · · · · · · · · · · · ·
			

The date of each amendment(s)	adoption: JUNE 10, 2010
Effective date if applicable:	(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 awas/were sufficient for approva	dopted by the members and the number of votes cast for the amendment(s) al.
There are no members or mem adopted by the board of directors	nbers entitled to vote on the amendment(s). The amendment(s) was/were ors.
Dated	125/10
Signature	Jully I Rod ngwz.
have no	chairman or vice chairman of the board, president or other officer-if directors of been selected, by an incorporator – if in the hands of a receiver, trustee, or ourt appointed fiduciary by that fiduciary)
	DOLLY J RODRIGUEZ
	(Typed or printed name of person signing)
_	PRESIDENT
	(Title of person signing)

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