

N10000 001 747

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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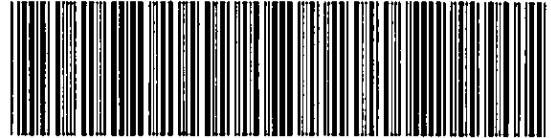
(Business Entity Name)

(Document Number)

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2019



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 29, 2019

JOSE ABIEL MARTINEZ
1118 ROSEDALE AVE
FT PIERCE, FL 34982

SUBJECT: CASA DE ORACION INTERNATIONAL FORT PIERCE INC.
Ref. Number: N10000001747

We have received your document for CASA DE ORACION INTERNATIONAL FORT PIERCE 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 type of action for Aracelia Orozco please check either change, add or remove.

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.

Catherine M Wood
Regulatory Specialist II

Letter Number: 219A00022307

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COVER LETTER

For Amendment Section
Division of Corporations

NAME OF CORPORATION: CASA DE ORACION INTERNATIONAL FORT PIERCE INC.

DOCUMENT NUMBER: N10000001747

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

Please return all correspondence concerning this matter to the following.

JOSE ABIEL MARTINEZ
(Name of Contact Person)

FLORIDA NOT FOR PROFIT CORPORATION
(Firm/Company)

1118 ROSEDALE AVENUE FORT PIERCE, FL 34982
(Address)

FORT PIERCE 1 FL AND 34982
(City, State and Zip Code)

MARTINEZ ABIEL J @ GMAIL . COM
(E-mail address, do not be used for future annual report notification)

For further information concerning this matter, please call:

JOSE ABIEL MARTINEZ at 772 672-9180
(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:

- | | | | |
|---|---|--|--|
| <input checked="" type="checkbox"/> \$15 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee & Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed) | <input type="checkbox"/> \$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
2601 Executive Center Circle
Tallahassee, FL 32301

Articles of Amendment
to
Articles of Incorporation
of

CASA DE ORACION INTERNATIONAL FORT PIERCE INC.

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

N100000011747

(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:

_____, 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

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:

<input checked="" type="checkbox"/> Change	<u>PT</u>	<u>John Doe</u>
<input checked="" type="checkbox"/> Remove	<u>V</u>	<u>Mike Jones</u>
<input checked="" type="checkbox"/> Add	<u>SV</u>	<u>Sally Smith</u>

<u>Type of Action</u> (Check One)	<u>Title</u>	<u>Name</u>	<u>Address</u>
1) <input type="checkbox"/> Change	<u>Deac</u>	<u>ARACELIA OROZCO</u>	<u>5512 NW EAST TORINO PKWY</u>
<input type="checkbox"/> Add			<u>PORT SAINT LUCIE, FL 34986</u>
<input checked="" type="checkbox"/> Remove			
<input checked="" type="checkbox"/> Change	<u>Sec</u>	<u>Jose Abiel Martinez</u>	<u>1118 Rosedale Ave</u>
<input type="checkbox"/> Add			<u>FL PIERCE, FL 34982</u>
<input type="checkbox"/> Remove			
3) <input type="checkbox"/> Change	<u>Deac</u>	<u>Izzel Rebecca Martinez</u>	<u>1118 Rosedale Ave</u>
<input checked="" type="checkbox"/> Add			<u>Ft. PIERCE, FL 34982</u>
<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			

[illegible]

The date of each amendment(s) adoption: _____, if other than the date this document was signed. 8/17/2019

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.

8/17/2019

Dated _____

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)

Julian Martinez Calderon

(Typed or printed name of person signing)

President

(Title of person signing)