

MI0000003736

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



400214039994

Amend

11/16/11--01001--005 **35.00

FILED
2011 DEC 29 AM 11:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

*APR
12/29/11*

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Capilla Calvario Inc.

DOCUMENT NUMBER: N1000000 3736

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

Please return all correspondence concerning this matter to the following:

Guillermo Novoa

(Name of Contact Person)

Capilla Calvario Inc.

(Firm/ Company)

600 SW 3rd St. Suite 4400

(Address)

Pompano Beach, FL 33060

(City/ State and Zip Code)

Pastor@iglesiaCapilliacalvario.org

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

For further information concerning this matter, please call:

Guillermo Novoa at (954) 793-9546

(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 & \$43.75 Filing Fee & \$52.50 Filing Fee
Certificate of Status Certified Copy Certificate of Status Certified Copy
enclosed) (Additional copy is (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

November 16, 2011

GUILLERMO A. NOVOA
600 SW 3RD ST.
STE 4400
POMPANO BEACH, FL 33060

SUBJECT: CAPILLA CALVARIO INC
Ref. Number: N10000003736

We have received your document for CAPILLA CALVARIO INC and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

We are enclosing a computer printout which reflects the registered agent and registered office now on file with this office. Please amend your document accordingly.

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) 245-6903.

Cheryl Coulliette
Regulatory Specialist II

Letter Number: 011A00025927

RECEIVED

DEC 28 AM 8:15

TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 1, 2011

GUILLERMO A. NOVOA
CAPILLA CALVARIO INC
600 SW 3RD ST., STE 4400
POMPANO BEACH, FL 33060

SUBJECT: CAPILLA CALVARIO INC
Ref. Number: N10000003736

We have received your document for CAPILLA CALVARIO INC . However, the enclosed document has not been filed and is being returned to you for the following reason(s):

There is a balance due of \$35.00. Refer to the attached fee schedule for a breakdown of the fees. Please return a copy of this letter to ensure your money is properly credited.

You are showing the registered agent as Andres Lizarralde in number 5 of the application, the correct agent is listed on the enclosed printout. You will also note there is a fee of \$35 due since you only sent one \$35 filling fee which was used to file the officer/director resignation form.

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) 245-6903.

Cheryl Coulliette
Regulatory Specialist II

Letter Number: 411A00024838

RECEIVED

11 NOV 14 PM 1:16

TALLAHASSEE, FLORIDA

Articles of Amendment
to
Articles of Incorporation
of

FILED

Capilla Calvario Inc.

2011 DEC 28 AM 11:55

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

N1000000 3736

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

(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:

Manfredo Manon

12346 W. Sample Road

(Florida street address)

New Registered Office Address:

Coral Springs

(City)

Florida

33065

(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.

See last page

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:

Change PT John Doe
 Remove V Mike Jones
 Add SV Sally Smith

Type of Action (Check One)	Title	Name	Address
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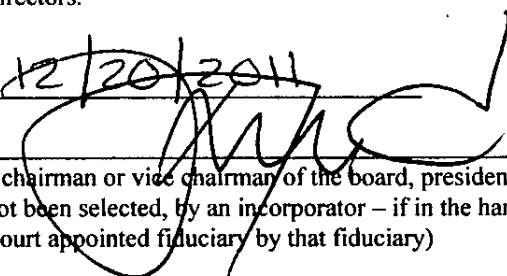
- | | | | |
|--|-----------------|-----------------------|---|
| 1) <input checked="" type="checkbox"/> Change
<input type="checkbox"/> Add
<input type="checkbox"/> Remove | <u>Director</u> | <u>Manfredo Manon</u> | <u>12346 W. Sample Road
Coral Springs, FL 33065</u> |
| 2) <input type="checkbox"/> Change
<input type="checkbox"/> Add
<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 | _____ | _____ | _____ |

The date of each amendment(s) adoption: 12-20-11

Effective date if applicable: _____
(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 12/20/2011
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)

Manfreda Mawon
(Typed or printed name of person signing)
Director
(Title of person signing)