# 11/100000 1629

| (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: |        |
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SECRETARY OF STATE

AMENDALSE

#### **COVER LETTER**

**TO:** Amendment Section Division of Corporations

| NAME OF COR         | RPORATION: COMITE PARA                                                                     | A EL DESARROLLO                                                                                              | REMESA SOLIDA                                                                                       |
|---------------------|--------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|
| DOCUMENT N          | UMBER: N11000001629                                                                        | <u> </u>                                                                                                     |                                                                                                     |
| The enclosed Art    | icles of Amendment and fee are sub                                                         | nitted for filing.                                                                                           |                                                                                                     |
| Please return all o | correspondence concerning this matte                                                       | er to the following:                                                                                         |                                                                                                     |
| <u>.</u>            |                                                                                            | L CALLEJAS                                                                                                   |                                                                                                     |
|                     | ·                                                                                          | Contact Person)                                                                                              |                                                                                                     |
| <del></del>         | CDRSH,/NC, PRE                                                                             | SIDENT                                                                                                       |                                                                                                     |
|                     | (Firm/                                                                                     | Company)                                                                                                     |                                                                                                     |
|                     | 6010 WOOD                                                                                  | LAND POINT DR                                                                                                |                                                                                                     |
|                     | (A                                                                                         | ddress)                                                                                                      |                                                                                                     |
|                     | TAMARA                                                                                     | AC, FL 33319                                                                                                 |                                                                                                     |
| _                   | (City/ State                                                                               | e and Zip Code)                                                                                              |                                                                                                     |
|                     | gabriel.callejas(<br>E-mail address: (to be used                                           | @arnorviviente.com for future annual report notif                                                            | fication)                                                                                           |
| For further inform  | nation concerning this matter, please                                                      | call:                                                                                                        |                                                                                                     |
| Gabriel Calleja     | asw                                                                                        | at (954)_822-1                                                                                               | 740                                                                                                 |
| (Na                 | ame of Contact Person)                                                                     |                                                                                                              | rtime Telephone Number)                                                                             |
| Enclosed is a chec  | ck for the following amount made pa                                                        | yable to the Florida Departme                                                                                | ent 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<br>Certificate of Status<br>Certified Copy<br>(Additional Copy<br>is enclosed) |
| A<br>D<br>P         | Iniling Address mendment Section fivision of Corporations O. Box 6327 allahassee, FL 32314 | Street Address Amendment Section Division of Corpora Clifton Building 2661 Executive Cer Tallahassee, FL 323 | n<br>ntions<br>nter Circle                                                                          |



### FLORIDA DEPARTMENT OF STATE Division of Corporations

September 14, 2011

GABRIEL CALLEJAS CDRSH, INC. 6010 WOODLAND POINT DR. TAMARAC, FL 33319

SUBJECT: COMITE PARA EL DESARROLLO REMESA SOLIDARIA EN

HONDURAS INC.

Ref. Number: N11000001629

We have received your document for COMITE PARA EL DESARROLLO REMESA SOLIDARIA EN HONDURAS INC. and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

BYLAWS ARE NOT FILED WITH THE DIVISION OF CORPORATIONS. IF THERE IS SOME WORDING IN THE BYLAWS THAT MUST BE IN THE ARTICLES OF INCORPORATION, THAT WORDING SHOULD BE ADDED TO THE ARTICLES OF INCORPORATION BY AMENDMENT.

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) 245-6880.

Karen Gibson Document Specialist Supervisor

Letter Number: 211A00021289



#### Articles of Amendment to Articles of Incorporation of

## COMITE PARA EL DESARROLLO REMESA SOLIDARIA EN HONDURAS INC

| (Name of Corporation as cu                                                                  | irrently filed with                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | the Florida Dept. of S                          | State)                     |
|---------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|----------------------------|
| N <sup>*</sup>                                                                              | 11000001629                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                 |                            |
| (Document N                                                                                 | Number of Corporat                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | ion (if known)                                  | ·                          |
| Pursuant to the provisions of section 617.10 he following amendment(s) to its Articles o    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | , this <i>Flo<b>rida Not For</b></i>            | Profit Corporation adopts  |
| A. If amending name, enter the new name                                                     | e of the corporatio                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <u>n:</u>                                       |                            |
| The new name must be distinguishable and abbreviation "Corp." or "Inc." "Company            | d contain the word " or "Co." may no                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | "corporation" or "it<br>to be used in the name. | ncorporated" or the        |
| 3. Enter new principal office address, if a Principal office address <u>MUST BE A STR</u>   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                 |                            |
|                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | · · · · · · · · · · · · · · · · · · ·           |                            |
| C. Enter new mailing address, if applical (Mailing address MAY BE A POST OF                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                 | TAL                        |
| ). If amending the registered agent and/o                                                   | or registered office                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | address in Florida a                            | AH SSE                     |
| new registered agent and/or the new re                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                 | The real to state of the   |
| Name of New Registered Agent:                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <del> </del>                                    | N 9:48<br>SIAIE<br>(BRIENA |
| New Registered Office Address:                                                              | (Flori                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | da street address)                              | <del></del>                |
|                                                                                             | <b>WARTER TO THE PARTY OF THE PAR</b> | (City)                                          | , Florida<br>(Zip Code)    |
| ew Registered Agent's Signature, if chan hereby accept the appointment as register osition. |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                 | ept the obligations of the |
| _                                                                                           | Signature of New                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Registered Agent, if ci                         | hanging                    |

# 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)

| Title       | <u>Name</u>                                                                                            | Address                                      | Type of Action                     |
|-------------|--------------------------------------------------------------------------------------------------------|----------------------------------------------|------------------------------------|
| Secret      | Andres Avila                                                                                           | 13750 SW 160th TERR<br>MIAMI, FL 33142       | □ Add<br>☑ Remove                  |
| Secret      | Doris Hernandez                                                                                        | 4890 NW 101 AVENUE<br>CORAL SPRING, FL 33076 | _ ☑ Add<br>_ ☐ Remove              |
| Treas       | Adela Alcantara                                                                                        | 3820 NW 36th STREET<br>MIAMI, FL 33142       |                                    |
| (attach a   | ling or adding additional Articles, ended ditional sheets, if necessary). (Be specified of DISSOLUTION |                                              |                                    |
| In case of  | the organization is dissolved, the                                                                     | e main board assign the assets               | s to another organi                |
| members     | in the United States, which they                                                                       | would be a non-profit organiza               | –<br>tion, or any Christi <b>a</b> |
| Church.     |                                                                                                        |                                              | •                                  |
|             |                                                                                                        |                                              |                                    |
|             |                                                                                                        |                                              |                                    |
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|             |                                                                                                        |                                              |                                    |
|             |                                                                                                        | - Part 449 - 344                             |                                    |
|             |                                                                                                        |                                              |                                    |
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| • /         |                                                                                                        |                                              |                                    |
| <del></del> |                                                                                                        |                                              |                                    |
|             |                                                                                                        |                                              |                                    |
|             |                                                                                                        |                                              |                                    |

# 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) **Title** <u>Name</u> **Type of Action** Address Treasu Myrna Mejia Pro-Se Eduardo Sabillon ☐ Remove E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific)

| The date of each amendment(s)                              | adoption: February 16, 2011                                                                                                                                                                                    |
|------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Effective date <u>if applicable</u> :                      | (date of adoption is required) February 16, 2011                                                                                                                                                               |
| <u>,                                    </u>               | (no more than 90 days after amendment file date)                                                                                                                                                               |
| Adoption of Amendment(s)                                   | (CHECK ONE)                                                                                                                                                                                                    |
| The amendment(s) was/were a was/were sufficient for approv | adopted by the members and the number of votes cast for the amendment(s) ral.                                                                                                                                  |
| There are no members or men adopted by the board of direct | nbers entitled to vote on the amendment(s). The amendment(s) was/were tors.                                                                                                                                    |
| Signature(By the have fi                                   | 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 court appointed fiduciary by that fiduciary) |
| -                                                          | Gabriel Callejas (Typed or printed name of person signing)                                                                                                                                                     |
| _                                                          | President                                                                                                                                                                                                      |
| _                                                          | (Title of person signing)                                                                                                                                                                                      |

Page 3 of 3