# N11000006442

(Requestor's Name)				
(Address)				
,				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
•				
Certified Copies Certificates of Status				
Certified copies Certificates of Status				
Special Instructions to Filing Officer:				

Office Use Only



800250997088

08/28/13--01018--012 \*\*35.00

TIL FU

13 SEP 17 PM 3: 01

SECRETARY OF STATE
ORIDA

C. LEWIS

SEP 17. 2013

EXAMINER



### FLORIDA DEPARTMENT OF STATE Division of Corporations

September 5, 2013

REV. FATHER EDUARDO DE ZAYAS GORRIN. S.J. COMPANEROS DE JESUS DE NAZARET, INC: 3971 SW 8 ST SUITE 210 CORAL GABLES, FL 33134

SUBJECT: COMPANEROS DE JESUS DE NAZARET, INC.

Ref. Number: N11000006442

We have received your document for COMPANEROS DE JESUS DE NAZARET, 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):

The document you submitted has been prepared pursuant to profit statutes (chapter 607, Florida Statutes). As the entity was originally filed as a nonprofit corporation, this document should be filed pursuant to chapter 617, Florida Statutes.

We are enclosing the proper form(s) with instructions for your convenience.

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.

Carolyn Lewis
Regulatory Specialist II

Letter Number: 013A00020920

#### **COVER LETTER**

TO: Amendment Section Division of Corporations

GCOME OF CORPORATION: _	COMPANEROS	DE JESU	S DE NAZ	ARET, IN	c
DOCUMENT NUMBER:	N110000064	42			
The enclosed Articles of Amendm	ent and fee are sub	mitted for f	iling		
•			•		
Please return all correspondence c	oncerning this mat	ler to the fol	lowing:		
	REV, FATHER		DE ZAY Contact Pers		N S.J.
		(Ivaille of	Contact Pers	OII)	
	COMPANEROS	DE JESU	S DE NAZ	ARET	
		(Firm	(Company)		
	3971 SW 8 S	ST, SUIT	E <b>@</b> 10		
(Address)				***	
CORAL GFBLES FLORIDA 33134 (City/ State and Zip Code)					
		(City/ Stat	e and Zip Co	ode)	
ciesusn1@hotmail.com					
cjesusn1@hotmail.com E-mail address: (to be used for future annual report notification)					
For further information concerning this matter, please call:					
EDUARDO DE ZAYAS	GORRIN	ŋ	t (_305	, 960	7052
(Name of Contact	Person)		(Area	Code & Dayt	ime Telephone Number)
Enclosed is a check for the following amount made payable to the Florida Department of State:					
	43.75 Filing Fee & ertificate of Status	Certifie	l Copy onal copy is	Certifi Certifi	Filing Fee cate of Status ed Copy ional Copy is sed)
Mailing Address			Stree	et Address	

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Fl. 32301

## Articles of Amendment Articles of Incorporation

FILED

COMPANEROS DE JESUS DE NAZARET, INC.

13 SEP 17 PM 3: 01

## (Name of Corporation as currently filed with the Florida Dept. of State) N11000006442

SECRETARY OF STATE TALLAHASSEE, FLORIDA

(Docum	ment Number of Co	rporation (if known)		
Pursuant to the provisions of section 617.10 amendment(s) to its Articles of Incorporation		s, this <i>Florida Not For Profit</i>	Corporation adopts the fol	llowing
A. If amending name, enter the new nan	ne of the corporati	on:		
N2 A				he new
name must be distinguishable and contain "Company" or "Co." may not be used in t		ion" or "incorporated" or the	abbreviation "Corp." or	"Inc. "
B. Enter new principal effice address, if	applicable:	3971 SW 8 ST SUIT	E 210	
(Principal office address <u>MUST BE A ST</u>		CORAL GABLES FL.	<b>33</b> 134	
C. Enter new mailing address, if application (Mailing address MAY BE A POST O.		3971 SW 8 ST SUITE		
D. If amending the registered agent and new registered agent and/or the new			ne name of the	
Name of New Registered Agent:	N/A		<del></del>	
New Registered Office Address:	•	(Florida street address)	<del></del>	
	N/A	, F	lorida	
	(City)		(Zip Code)	
New Registered Agent's Signature, if cha I hereby accept the appointment as register			gations of the position.	
	Signature of New .	Registered Agent, if changing		

Page 1 of 4

## 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 <math>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 X. Remove X. Add	PT John Do V Mike Jo SV Sally Sr	ones	
Type of Action (Check One)	<u>Title</u>	Name	Address
1) _X Change Add Remove	<u>P</u>	REV. EDUARDO DE ZAYAS GORRIN	<b>%001</b> SW 5 ST CORAL GABLES FL 33134
2) X Change Add Remove		PEDRO MORALES MORAGA	13999 LAKE LURE COURT MIAMI LAKES FL 33014
3) X Change Add Remove	<u> </u>	RUTH A. CARRASQUILLA	13999 LAKE LURE COURT MIAMI LAKES FL 33014
4) _X Change Add Remove	<u> </u>		17 <b>2</b> 2 NW 18 AVE MIAMI FL 33125
5) Change X Add Remove	D		40 NW 18 AVE MIAMI FL 33125
6) Change Add	D	_MARIO_MEZA_HERNANDEZ	1069 WEST 30 ST HIALEAH FL 33012
Remove		Page 2 of 4	

7).	. <u>D</u> .	LUIS BLANDON MORALES:	9551 SW 4 ST. MIAMI FL. 33174.
8)	<u>D</u>	REYNALDO RODRIGUEZ	1722 NW 5 ST MIAMI FL. 33125.
9)	<u>D</u>	MARIELA ORTEZ	409 SW 8 AVE. MIAMI FL.
10)	<u>D</u>	MARLON RUEDA	2454 NW 13 ST. MIAMI FL. 33125.
11)	_ <u>D</u> _	JOSE LUIS CORREAL	18189 N W 61 CT. HIALEAH FL.
12)	<u>D</u>	PILAR TRUJILLO	18189 NW 61 CT. HIALEAH FL. 33015.

.

.

famending or adding a attach additional sheets,	if necessary). (	Be specific)			
	N/A				
			*		
<u> </u>					<del></del>
		•		<del></del>	
		- <del> </del>	·····		_ <del></del>
				_	
· · · · · · · · · · · · · · · · · · ·		<del></del>			
	·	<del></del>			
			<del>.</del>		<del> </del>
<del> </del>					
					<u> </u>
				· · · · · · · · · · · · · · · · · · ·	

	date of each amendment(s) at this document was signed.	adoption:09/ <u>1</u> 7/13	fother than the
Effe	ective date <u>if applicable</u> :	09/17/13	13 SEP 17 PM 3: 01
		(no more than 90 days after amend	ament file dute)
Ado	option of Amendment(s)	(CHECK ONE)	SECRETARY OF STATE TALLAHASSEE, FLORIDA
X	The amendment(s) was/were was/were sufficient for appro-	adopted by the members and the number of val.	votes cast for the amendment(s)
	There are no members or mer adopted by the board of direct	nbers entitled to vote on the amendment(s) tors.	. The amendment(s) was/were
	Dated <u>09/17/</u>	13	
	Signature	deal & Lag.	<u>4 </u>
	have not b	irman or vice chairman of the board president selected, by an incorporator - if in the tappointed fiduciary by that fiduciary)	
	<u>REV. FATHE</u>	R EDUARDO DE ZAYAS GORRIN,	
		(Typed or printed name of person signing	g)
		PRESIDENT	
		(Title of person signing)	1