# 110000009575

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#### FLORIDA DEPARTMENT OF STATE Division of Corporations

October 19, 2011

MINISTERIO VIVIENDO A LA RAYA CON CRISTO, INC. 7250 SW 44TH COURT DAVIE, FL 33314

SUBJECT: MINISTERIO VIVIENDO A LA RAYA CON CRISTO, INC.

Ref. Number: N11000009575

We have received your document 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):

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.

The date of adoption of each amendment must be included in the document.

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) 245-6906.

Darlene Connell

Regulatory Specialist II

Letter Number: 711A00023979

## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPO	RATION: MINISTERIO V	IVIENDO A LA RAYA CON CR	ISTO, INC.
DOCUMENT NUM	BER: N11000009575		
The enclosed Articles	of Amendment and fee are s	ubmitted for filing.	
Please return all corre	spondence concerning this ma	atter to the following:	
		S E. TORRES	
	(Name o	of Contact Person)	
	PRO ACCOUNTING AN	D FINANCIAL SOLUTION	S, INC.
- <u> </u>	(Fir	m/ Company)	
	1925 NE 45TH	STREET SUITIE # 128	
		(Address)	<del></del>
	FORT LAUI	DERDALE, FL 33308	
<u> </u>		tate and Zip Code)	
	proa E-mail address: (to be us	acc@fdn.com sed for future annual report notif	ication)
For further informatio	n concerning this matter, plea	ise call:	
LUIS	E. TORRES	<sub>at (</sub> 954 <sub>)</sub> 667-06	673
(Name	of Contact Person)	(Area Code & Day	time Telephone Number)
Enclosed is a check fo	or the following amount made	payable 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 Certificate of Status Certified Copy (Additional Copy is enclosed)
Amen Divisi P.O. B	ng Address dment Section on of Corporations Box 6327 assee, FL 32314	Street Address Amendment Section Division of Corpora Clifton Building 2661 Executive Cen	tions

Tallahassee, FL 32301

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

## MINISTERIO VIVIENDO A LA RAYA CON CRISTO, INC.

(Name of Corporation as curren	itly filed wit	h the Florida Dept. of S	tate)
N1100	0000957	5	
(Document Numb	per of Corpo	ration (if known)	
Pursuant to the provisions of section 617.1006, F the following amendment(s) to its Articles of Incompared to the provisions of section 617.1006, F		es, this <i>Florida Not For</i> .	Profit Corporation adopts
A. If amending name, enter the new name of t	the corpora	<u>ion:</u>	
The new name must be distinguishable and con abbreviation "Corp." or "Inc." "Company" or			corporated" or the
B. Enter new principal office address, if applie			
(Principal office address <u>MUST BE A STREET</u>	ADDRESS	)	· apy
			三
			一
C. Enter new mailing address, if applicable:			3 S
(Mailing address MAY BE A POST OFFICE	E BOX)		TO B THE
			A L
			. gra Maur
D. If amending the registered agent and/or reg			nter the name of the
new registered agent and/or the new registe	tered office :	address:	
Name of New Registered Agent:			
New Registered Office Address:	(Fl	orida street address)	
			. Florida
_		(City)	(Zip Code)
	<b>5</b>		
New Registered Agent's Signature, if changing I hereby accept the appointment as registered position.			cept the obligations of the
Sig	gnature of N	ew 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)

<u>Title</u>	<u>Name</u>	Address	Type of Action
<u>VP</u>	NIXALIZ TIRANDO	7250 SW 44TH COURT	
		DAVIE, FL 33314	
<u>VP</u>	NIXALIZ TIRADO	7250 SW 44TH COURT	
		DAVIE, FL 33314	Remove
			D Add
	•		Remove
E. If amend	ling or adding additional Articles, en dditional sheets, if necessary). (Be sp	ter change(s) here: ecific)	
	·		
<del></del>			
	·		
<u></u>		· · · · · · · · · · · · · · · · · · ·	
		,	

The date of each amendment(s) adoption: 10/25/2011		
Effective date <u>if applicable</u> :	(date of adoption is required)	
	(no more than 90 days after amendment file date)	
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
☐ The amendment(s) was/wer was/were sufficient for appr	e adopted by the members and the number of votes cast for the amendment(s) oval.	
There are no members or n adopted by the board of dire	nembers entitled to vote on the amendment(s). The amendment(s) was/were ectors.	
have	the chairman or vice chairman of the board, president or other officer-if directors not been selected, by an incorporator – if in the hands of a receiver, trustee, or recourt appointed fiduciary by that fiduciary)	
	JOSE ACOSTA  (Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	

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