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TAKEN PASSET FLORIDA

SEP 2 9 2015 C. CAPROTIYERS

COVER LETTER

TO: Amendment Section **Division of Corporations**

NAME OF CORPORATION	ON:	O DE PORT CHAR	LOTTE, INC.		
DOCUMENT NUMBER:					
The enclosed Articles of Am	nendment and fee are subm	nitted for filing.			
Please return all corresponde	ence concerning this matter	to the following:			
Sylvia Esteve					
		(Name of Contact Pe	rson)		
Centro Cristiano de Port Ch	arlotte, Inc.				
		(Firm/ Company)		
942 Tamiami Trail #301					
		(Address)			
Port Charlotte, FL 33953				•	
 	(City/ State and Zip C	Code)		
sylviaesteve@aol.com					
Е	-mail address: (to be used	for future annual rep	ort notification		,
For further information conc	erning this matter, please o	eall:			
Sylvia Esteve		at	239	440-6349	
	(Name of Contact Person)		(Area Code)	(Daytime Telephone Number)	
Enclosed is a check for the f	following amount made pay	able to the Florida D	epartment of S	State:	
■ \$35 Filing Fee	□\$43.75 Filing Fee & [Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	Certifi Certifi	O Filing Fee cate of Status ed Copy is sed)	
Mailing Address		Str	eet 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 to Articles of Incorporation of

Centro Cristiano de l'ori Charlotte, inc.		 -		
(Name of Corporation	ı as currently filed with tl	<u>he Florida Dept. of</u>	State)	
(Docur	nent Number of Corporation	on (if known)		
Pursuant to the provisions of section 617.1006, Flo amendment(s) to its Articles of Incorporation:	rida Statutes, this <i>Florida</i>	Not For Profit Corp	poration adopts the follo	wing
A. If amending name, enter the new name of the	e corporation:			
			The	e new
name must be distinguishable and contain the word "Company" or "Co." may not be used in the nam		porated" or the abb	reviation "Corp." or "I	'nc."
D. F. ()	N.C.		91.	1
B. Enter new principal office address, if applica (Principal office address MUST BE A STREET A			Borne See 2	
(Frincipal Office address MOST DE ASTREET A	, DUKESS)		1. fr	_&
	<u> </u>		2 + 7 / 2 (20 f)	ردر و

C. Enter new mailing address, if applicable:			~~ 4 . 4 f	
(Mailing address MAY BE A POST OFFICE	BOX)		<u>riika</u>	
			ار در از از در از) (
			<u> </u>	
D. If amending the registered agent and/or reginew registered agent and/or the new registered.	stered office address in F	lorida, enter the na	ame of the	
new registered agent and/or the new register				
Name of New Registered Agent:	Sylvia Esteve			
	942 Tamiami Trail #301			
		(Florida street ada	lress)	
New Registered Office Address:		(1.10/1000		
	Port Charlotte		33953	
	(City)		_, Florida (Zip Code)	
	(Cit,y)		(Lip cours)	
New Registered Agent's Signature, if changing l				
I hereby accept the appointment as registered agen	nt. I am familiar with and	pocepi the obligation	ons of the position.	
	4	M//	\supset	
_	ب ا	145		
	Signature of New	Registered Igent,	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: X Change X Remove X Add	<u>V</u> <u>Mik</u>	n <u>Doe</u> e <u>Jones</u> y <u>Smith</u>	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	PT	Aidenith Vega	942 Tamiami Trail #301
Add			Port Charlotte, FL 33953
X Remove			
2) Change	PT	Eduardo Esteve	942 Tamiami Trail #301
X Add			Port Charlotte, FL 33953
Remove			
3)Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			
NEHIOVE			

ttach additional sheets, if necessary).	(Be specific)	ige(s) here:				
						
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	•	9/20/16	
The	date of each amer	dment(s) adoption:	, if other than the
date	this document was	signed. ,	
		09/20/16	
Effe	ctive date <u>if appli</u>		
		(no more than 90 days after amendment file date)	
		ed in this block does not meet the applicable statutory filing requirements, this date will no ate on the Department of State's records.	t be listed as the
Ado	ption of Amendme	ent(s) (<u>CHECK ONE</u>)	
	The amendment(s) was/were sufficient	was/were adopted by the members and the number of votes cast for the amendment(s) it for approval.	
	There are no mem adopted by the bo	bers or members entitled to vote on the amendment(s). The amendment(s) was/were ard of directors.	
	Dated	09/20/16	
	Signature	Sage	
	_	(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)	
		Enrique Alicea	
		(Typed or printed name of person signing)	
		VP	
		(Title of person signing)	