N12000005639

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SECRETARY OF SAME

APPROVED AND FILED

C. LEWIS

MAR - 5 2014

EXAMINER

COVER LETTER

TO: Amendment Section

Division of Corporations		•	
NAME OF CORPORATION: Portuguese	Holy Ghost	of Palm Beach, Inc.	
DOCUMENT NUMBER: N1200005	639		
The enclosed Articles of Amendment and fee are subm	nitted for filing.		
Please return all correspondence concerning this matte	r to the following:		
James S. Cunha, Esq.			
	(Name of Contact Persor))	
Law Offices of James S.	Cunha, P.A	۸.	
	(Firm/ Company)		
809 North Dixie Highway, Suite 204			
	(Address)		
West Palm Beach, FL 33	3401		
	(City/ State and Zip Code	<u> </u>	
service@pbclegal	.com		
E-mail address: (to be used for future annual report notification)			
For further information concerning this matter, please	call:		
Maria Teixeira	_{at} 617	763-6224	
(Name of Contact Person)		ode & Daytime Telephone Number)	
Enclosed is a check for the following amount made pay	yable to the Florida Depa	rtment 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)	
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Amend Divisio Clifton 2661 E	Address ment Section n of Corporations Building xecutive Center Circle ssee, FL 32301	

APPROVED AND FILED

Articles of Amendment to Articles of Incorporation of

14 MAR -4 PM 4: 14

Portuguese Holy Ghost of Palm Beach, Inc.

SECRETARY OF STATE FALL MIADSEF AT LOSIDA

N12000005639		,
(Docum	ent Number of Corporation (if known)
Pursuant to the provisions of section 617.100 amendment(s) to its Articles of Incorporation		For Profit Corporation adopts the following
A. If amending name, enter the new name	of the corporation:	
name must be distinguishable and contain the "Company" or "Co." may not be used in the		The ne ted" or the abbreviation "Corp." or "Inc.
B. Enter new principal office address, if a (Principal office address)		
C. Enter new mailing address, if applicate (Mailing address MAY BE A POST OF)		
D. If amending the registered agent and/onew registered agent and/or the new re	r registered office address in Florid	la, enter the name of the
Name of New Registered Agent:		
New Registered Office Address:	(Florida street address)	
· 		, Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if chan the hereby accept the appointment as registere		ept the obligations of the position.
	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: X Change X Remove X Add	<u>V</u> <u>Mik</u>	n Doe ke Jones ly Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	P	Ligia Maria Amaral	171 Berkshire Bldg H
X Add			West Palm Beach, FL 33417
Remove			
2) Change	Р	Joao Raposo	1025 SW Haley Berry Ave.
Add			Port St. Lucie, FL 34953
X Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

If amending or adding additional Articate additional sheets, if necessary).	(Be specific)
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		APPROVED
The date of each amendardate this document was sign		AND FILED, if other than the
Effective date if applicab		14 MAR -4 PM 4: 14
	(no more than 90 days after amendment file date)	SECRETARY OF STATE TALL AHASSEE, FLORIDY
Adoption of Amendment	(s) (<u>CHECK ONE</u>)	
The amendment(s) w was/were sufficient for	as/were adopted by the members and the number of votes cast for $\hat{\omega}$ approval.	he amendment(s)
There are no member adopted by the board	s or members entitled to vote on the amendment(s). The amendme of directors.	nt(s) was/were
Dated	2/14/2014 Marin Luceura	
ha	the chairman or vice chairman of the board, president or other off ve not been selected, by an incorporator – if in the hands of a receiter court appointed fiduciary by that fiduciary)	
Mari	a Teixeira	
	(Typed or printed name of person signing)	
Secr	etary	
	(Title of person signing)	