## N13000006092

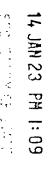
(Re	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
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APPROVED

C. LEWIS

JAN 2 9 2014

EXAMINER

## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

,

Division of Corporations
NAME OF CORPORATION: CENTRO FAMILIAR SHALOM, INC
DOCUMENT NUMBER: N13000006092
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
JOSE TORRES
(Name of Contact Person)
CENTRO FAMILIAR SHALOM, INC
(Firm/ Company)
1805 HUDSON DRIVE
(Address)
KISSIMMEE, FL 34759
(City/ State and Zip Code)
MARILYN18JOSE@YAHOO.COM  E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call
JOSE TORRES 863 8737898
(Name of Contact Person) (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount made payable to the Florida Department of State:

Certified Copy

enclosed)

(Additional copy is

Mailing Address

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

■ \$35 Filing Fee ■ \$43.75 Filing Fee & ■\$43.75 Filing Fee &

Certificate of Status

Street Address

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

□\$52.50 Filing Fee

Certified Copy

Certificate of Status

(Additional Copy is Enclosed)

**Articles of Amendment** to Articles of Incorporation of

14	JAN 23	PM	<b> </b> :	09
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## CENTRO FAMILIAR SHALOM, INC

(Name of Corporation as currently filed with the Florida Dept. of State)
N1300006092
(Document Number of Corporation (if known)
Pursuant to the provisions of section 617.1006, Florida Statutes, this Florida Not For Profit Corporation adopts the following amendment(s) to its Articles of Incorporation:
A. If amending name, enter the new name of the corporation:
The new
name must be distinguishable and contain the word "corporation" or "incorporated" or the abbreviation "Corp." or "Inc." "Company" or "Co." may not be used in the name.
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)

C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)

D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:

_	(Florida street address)		
New Registered Office Address:			
		, Florida	
-	(City)		(7in Code)

New Registered Agent's Signature, if changing Registered Agent:

Name of New Registered Agent:

I hereby accept the appointment as registered agent. I am familiar with and accept 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 <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: XChange X Remove X Add	PT John I V Mike SV Sally	<u>Jones</u>	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
Change	VP	MARILYN TORRES	1802 HUDSON DRIVE KISSIMMEE, FL 34759
2) Change Add Remove S ) Change			
Add Remove 4) Change			
Add			
5) Change Add Remove	<del></del>		
6) Change Add Remove	<del></del>		

If amending or adding additional Ar attach additional sheets, if necessary).	(Be specific	:)	<b>L</b> '			
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	APPROVEU AMD FILED	
The date of each amendment(s) add	option:	, if other than the
date this document was signed.	14 JAN 23 PM 1:09	
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file date).	
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were ad- was/were sufficient for approval	opted by the members and the number of votes cast for the amendment(s)	
There are no members or memb adopted by the board of directo	ers entitled to vote on the amendment(s). The amendment(s) was/were rs.	
Dated 12/07/2	2013	
Signature Jose	Claves	
	nan or vice chairman of the board, president or other officer-if directors	
	n selected, by an incorporator – if in the hands of a receiver, trustee, or ippointed fiduciary by that fiduciary)	
JOSE TOP	RRES	
	(Typed or printed name of person signing)	
PRESIDEN	NT	
	(Title of person signing)	