

N13000 007 T37

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

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09/30/19--01021--005 \*\*35.00

2019 OCT 29 A. 8:03

Amend

OCT 29 2019

I ALBRITTON



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

October 15, 2019

LEE MENDEZ  
3444 HARLEQUIN DR  
SAINT CLOUD, FL 34772

SUBJECT: CENTRO CRISTIANO GETSEMANI, INC  
Ref. Number: N13000007737

We have received your document for CENTRO CRISTIANO GETSEMANI, 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):

Entities may file using only the entity's name. Please delete any reference to the "doing business as name" in your document. If you wish to register your fictitious name, you may do so by filing an application and submitting the appropriate fees to this office.

Please complete the document in its entirety.

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.

Irene Albritton  
Regulatory Specialist II

Letter Number: 119A00021250

VED

2019 OCT 15 AM 11:33

Articles of Amendment  
to  
Articles of Incorporation  
of

CENTRO CRISTIANO GETSEMANI, INC

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

(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)

3444 HARLEQUIN DR

SAINT CLOUD, FL 34772

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:

Name of New Registered Agent:

New Registered Office Address:

(Florida street address)

(City)

Florida

(Zip Code)

New Registered Agent's Signature, if changing 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 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:

<input checked="" type="checkbox"/> Change	<u>PT</u>	<u>John Doe</u>
<input checked="" type="checkbox"/> Remove	<u>V</u>	<u>Mike Jones</u>
<input checked="" type="checkbox"/> Add	<u>SV</u>	<u>Sally Smith</u>

<u>Type of Action</u> (Check One)	<u>Title</u>	<u>Name</u>	<u>Address</u>
1) <input checked="" type="checkbox"/> Change	<u>P</u>	<u>LEE MENDEZ</u>	<u>3444 HARLEQUIN DR.</u>
<input type="checkbox"/> Add			<u>SAINT CLOUD, FL 34772</u>
<input type="checkbox"/> Remove			
2) <input type="checkbox"/> Change		<u>MARIA FERNANDA OSORIO</u>	
<input type="checkbox"/> Add			
<input checked="" type="checkbox"/> Remove			
3) <input type="checkbox"/> Change		<u>SONIA RODRIGUEZ</u>	
<input type="checkbox"/> Add			
<input checked="" type="checkbox"/> Remove			
4) <input type="checkbox"/> Change		<u>JOSE RIVERA</u>	
<input type="checkbox"/> Add			
<input checked="" type="checkbox"/> Remove			
5) <input type="checkbox"/> Change		<u>MYDIA ENCHAUTEGUI</u>	
<input type="checkbox"/> Add			
<input checked="" type="checkbox"/> Remove			
6) <input type="checkbox"/> Change		<u>SONIA RIVERA</u>	
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			

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**E. If amending or adding additional Articles, enter change(s) here:**

(attach additional sheets, if necessary). (Be specific)

REMOVE - VANESSA RUBIO MENDEZ

9/1/19

The date of each amendment(s) adoption: \_\_\_\_\_, if other than the date this document was signed.

9/1/19

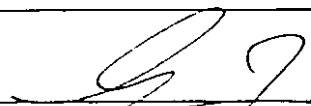
Effective date if applicable: \_\_\_\_\_  
(no more than 90 days after amendment file date)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Adoption of Amendment(s) (CHECK ONE)

- ☐ The amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s) was/were sufficient for approval.
- ☒ There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors.

Dated 10/23/2019 \_\_\_\_\_

Signature  \_\_\_\_\_  
(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)

LEE MENDEZ

\_\_\_\_\_  
(Typed or printed name of person signing)

PRESIDENT

\_\_\_\_\_  
(Title of person signing)