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## **COVER LETTER**

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: JUDEO-C	CHRISTIA	AN S	SEMINARY, INC
DOCUMENT NUMBER: N1400002	035		
The enclosed Articles of Amendment and fee are subr	mitted for filing.		
Please return all correspondence concerning this matte	er to the following:		
RAYMOND DIROCCO			
	(Name of Contact )	Person)	
JUDEO-CHRISTIAN SE	MINARY	, IN	С
	(Firm/ Compa		
6101 NW 31 STREET			
	(Address)		
MARGATE, FL 33313	٠.		
	(City/ State and Zip	p Code)	
VERNAM@DIROCCOCPA.COM			
E-mail address: (to be used		eport no	tification)
For further information concerning this matter, please			
RAYMOND DIROCCO	<sub>at (</sub> 95	4	358-4272
(Name of Contact Person)			e & Daytime Telephone Number)
Enclosed is a check for the following amount made pa	yable to the Florida	a Depart	ment of State:
■ \$35 Filing Fee  \$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fe Certified Copy (Additional copy 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	A D C	Division Clifton B	ent Section of Corporations

Tallahassee, FL 32301

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

(Name of Corporation as currently f		State)	—— 'F'
N14000002035		<u></u> ,	
(Docume	ent Number of Corporation (if k	(nown)	<del></del>
Pursuant to the provisions of section 617.100 amendment(s) to its Articles of Incorporation		Not For Profit Corporation ac	dopts the followi
A. If amending name, enter the new name	of the corporation:	•	•
			The ne
name must be distinguishable and contain the "Company" or "Co." may not be used in the	e word "corporation" or "inco e name	rporated" or the abbreviation	"Corp." or "Inc.
,			
B. Enter new principal office address, if a (Principal office address MUST BE A STRI		· · · · · · · · · · · · · · · · · · ·	<del></del>
			<del></del>
C. Enter new mailing address, if applicab	ile:		
(Mailing address MAY BE A POST OF)			
D. 16 di dhidd/-			<u> </u>
<ol> <li>If amending the registered agent and/o new registered agent and/or the new re</li> </ol>		Florida, enter the name of the	
Name of New Registered Agent:			
Tame of their register earligem.			
_	(Florida street aa	idress)	
New Registered Office Address:			
		, Florida	<del> </del>
	(City)	(	Zip Code)
New Registered Agent's Signature, if chan hereby accept the appointment as registered		d accept the obligations of the p	osition.
<u></u> S	Signature of New Registered Ag	ent, if changing	

Page 1 of 4

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: XChange X Remove X Add	<u>V</u> <u>Mik</u>	n Doe e Jones y Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	DIR	MCFLIKER, HENRY H	6101 NW 31 STREET
Add			MARGATE FL
X Remove			33063
2) Change	DIR	PASTOR FRANCISCO PIRES	6101 NW 31 STREET
X			MARGATE FL
Remove			33063
3) Change .	DIR	REV FATHER JOE GALLANT	6101 NW 31 STREET
X	<del></del>		MARGATE FL
Remove			33063
4) Change	DIR	PROFESSOR RACHEL DULIN	6101 NW 31 STREET
X	<del>"</del>		MARGATE FL
Remove			33063
5) Change			
Add			
Remove			
6) Change			
Add			<del></del>
Remove			

. If amending or adding additional Art (attach additional sheets, if necessary).	ncies, enter change(s) here:
(attach additional sheets, if necessary).	(Be specific)
	· · · · · · · · · · · · · · · · · · ·
·	
	· · · · · · · · · · · · · · · · · · ·
	· <del></del>
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-	* A Section 1. The se

	e date of each amendment(s) adoption: IVIARUM 13, 2014 e this document was signed.	, if other than the
Effe	ective date <u>if applicable</u> :	
	(no more than 90 days after amendment file date)	
Ado	option 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 MARCH 13, 2014	
	Signature // // // Signature	
	(By the mairman 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)	<del>_</del>
	RAYMOND M DIROCCO	
	(Typed or printed name of person signing)	
	DIRECTOR	
	(Title of person signing)	