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SEC 1854 A 20 00 3 10 05

SEP 1 4 2017

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: CULTIVATE ©	HURCH MIAMI, INC.
DOCUMENT NUMBER: N14000008024	
The enclosed Articles of Amendment and fee are	submitted for filing.
Please return all correspondence concerning this n	natter to the following:
JONATHAN PALACI	
	(Name of Contact Person)
CULTIVATE CHURCH MIAMI, INC.	
	(Firm/ Company)
9415 SUNSET DRIVE, SUITE 125	
	(Address)
MIAMI, FLORIDA 33173	
	(City/ State and Zip Code)
jonathan@cultivatechurchmiami.org	
E-mail address: (to be	ised for future annual report notification)
For further information concerning this matter, ple	ase call:
JOSE A. RODRIGUEZ, ESQ.	954 5671776 at
(Name of Contact Per	son) (Area Code) (Daytime Telephone Number)
Enclosed is a check for the following amount mad	payable to the Florida Department of State:
☐ \$35 Filing Fee ☐ \$43.75 Filing Fee Certificate of State	& \$\int_{\text{S43.75}} \text{Filing Fee & Certificate of Status} \\ (Additional copy is (Additional Copy is enclosed) (Additional Copy is Enclosed)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Articles of Incorporation of

FILED

17 SEP 13 PH 2:06

CULTIVATE CHURCH MIAMI, INC.	SPECTAL OF SHEET		
(Name of Corporation	as currently filed with the Florida Dept. of State)		
N14000008024			
(Docum	ment Number of Corporation (if known)		
	•		
Pursuant to the provisions of section 617.1006, Floamendment(s) to its Articles of Incorporation:	rida Statutes, this Florida Not For Profit Corporation adopts the following		
A. If amending name, enter the new name of the	e corporation:		
CHRIST FAMILY CHURCH MINISTRIES, INC.	The new		
name must be distinguishable and contain the word "Company" or "Co." may not be used in the name	I "corporation" or "incorporated" or the abbreviation "Corp." or "Inc."		
B. Enter new principal office address, if applica	ible: 9415 Sunset Dr. Scite 125		
(Principal office address <u>MUST BE A STREET A</u>	100 des de la Sunset Dr. Scite 125 de la S		
C. Enter new mailing address, if applicable:	9415 Sunset D. Rite 12		
(Mailing address <u>MAY BE A POST OFFICE</u>)	Hami FL 33173		
	Hiam, FL. 33173		
	stered office address in Florida, enter the name of the		
new registered agent and/or the new register			
Name of New Registered Agent:			
New Registered Office Address:	(Florida street address)		
New Registered Office Address.			
	, Florida		
	(City) (Zip Code)		
New Registered Agent's Signature, if changing I	Registered Agent:		
I hereby accept the appointment as registered agen	tt. I am familiar with and accept the obligations of the position.		
	Signature of New Registered Agent, if changing		

Page 1 of 4

P = President; V = Vice	President; T= T = Chief Financ	ial Officer, If an officer/director holds	: TR= Trustee: C = Chairman or Clerk: CEO = Chief s more than one title, list the first letter of each office
	saves the corpor	ation, Sally Smith is named the V and .	ed as the PST and Mike Jones is listed as the V. There is S. These should be noted as John Doe, PT as a Change,
Example: X Change X Remove X Add	<u>V</u> <u>Mik</u>	n Doe te Jones y Smith	
Type of Action (Check One)	Title	 <u>Name</u> 	<u>Addres</u> s
1) Change	DS	FROMETA, DIANA	8740 SW 53RD STREET
Add X Remove			MIAMI, FL 33165
2) Change	D	DIAZ, JONIEL	10351 SW 7th Street
Add			MIAMI, FL 33174
Remove 3) Change	D	PRADO. JOSE	9415 Sunset Drive
X Add			Suite 125
Remove			Miami, FL 33173
4) Change	D	FABREGAS, JOSE	9415 Sunset Drive
X Add			Suite 125
Remove			Miami, FL 33173
5) Change	D	MACHIN, LEONARD	9415 Sunset Drive
XAdd			Suite 125
Remove			Miami, FL 33173
6) Change			
Add			
Ramova		[[

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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)

E. If amending or adding additional Articles, e (attach additional sheets, if necessary). (Be	specific)
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	ate of each amendmo			, if other than the
		OCTOBER 1, 20	17	
Effect	ive date <u>if applicable</u>		re than 90 days after amendment file date)	
		(no na	ne man 90 days after amenament file date)	
		n this block does not not not not the Department of \$	neet the applicable statutory filing requirements, this date will not be tate's records.	e listed as the
Adopt	tion of Amendment(s	s) (<u>CH</u> E	CK ONE)	
	he amendment(s) was vas/were sufficient for		members and the number of votes cast for the amendment(s)	
	here are no members dopted by the board o		o vote on the amendment(s). The amendment(s) was/were	
	Sep Dated	ptember 1, 2017		
	Signature	M		
			hairman of the board, president or other officer-if directors y an incorporator – if in the hands of a receiver, trustee, or	
			uciary by that fiduciary)	
		JONATHAN PALAC		
	-		(Typed or printed name of person signing)	
	1	DIRECTOR/PRESID	II ENT II	
	-		(Title of person signing)	