# NI5000005141

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#### **COVER LETTER**

TO: Amendment Section **Division of Corporations** Brazilian Church of Love ,Inc NAME OF CORPORATION: NI 5000005141 **DOCUMENT NUMBER:** The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Marina Dos Santos (Name of Contact Person) Brazilian Church of Love, Inc (Firm/ Company) 601 Somershire ct (Address) Orlando, Florida 32835 (City/ State and Zip Code) mari9nabedow06@yahoo.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: 407-300-6016 Marina Dos Santos (Daytime Telephone Number) (Name of Contact Person) (Area Code) Enclosed is a check for the following amount made payable to the Florida Department of State: ■ \$35 Filing Fee □\$43.75 Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certificate of Status Certified Copy (Additional copy is Certified Copy (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

Enclosed)

## Articles of Amendment to Articles of Incorporation of



Brazilian Church of Love, Inc		16 FEB 23 PM 1: 2		
(Name of Corporation as current	ly filed with the Florida	Dept. of State)		
NI 5000005141				
(Document Number	er of Corporation (if know	n)		
Pursuant to the provisions of section 617.1006, Florida Statute amendment(s) to its Articles of Incorporation:	s, this <i>Florida Not For Pr</i>	ofit Corporation adopts the following		
A. If amending name, enter the new name of the corporation	on:			
Faith Covenant Ministries Brazilian Church of Love, Inc		The new		
name must be distinguishable and contain the word "corporat. "Company" or "Co." may not be used in the name.	ion" or "incorporated" of	the abbreviation "Corp," or "Inc."		
B. Enter new principal office address, if applicable:	601Somershire Ct, Orlando Florida 32835			
(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 new registered agent and/or the new registered office agent.		er the name of the		
Name of New Registered Agent:				
New Registered Office Address:	(Florida	street address)		
		, Florida		
<del></del>	(City)	(Zip Code)		
New Registered Agent's Signature, if changing Registered . I hereby accept the appointment as registered agent. I am fan	Agent: niliar with and accept the	obligations of the position.		
. Si	gnature 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>PT</u> <u>V</u> <u>SV</u>	John Doe Mike Jones Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) X Change	PT	Marina Dos Santos	601 Somershire Ct
Add			orlando, Florida 32835
Remove			
2) X Change	VST	Antonio Dos Santos	601 Somershire Ct
Add			Orlando Florida 32835
Remove			24.14.4
3) X Change	TR ———	James w Miley Jr	24 whalen Ave
Add			Sicklerville Nj 08081
Remove			
4) X Change	TR	Sylvia A. Miley	24 Whalen Ave
Add			Sicklerville Nj 08081
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

attach additional sheets, if	necessury.	(Be specific)				
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The	date of each amen	dment(s) adoption:	, if other than the
date	this document was	signed.	FILEU CRETARY OF STATE
Effe	ective date <u>if applic</u>	able: DIVISI	EN TE CORPORATIONS
		(no more than 90 days after amendment file date)	ED 20 DM (
Not doc	e: If the date inserte ument's effective da	16 F. ed in this block does not meet the applicable statutory filing requirements, this date were on the Department of State's records.	vill not be listed as the
Ada	option of Amendme	ent(s) ( <u>CHECK ONE</u> )	
	The amendment(s) was/were sufficien	was/were adopted by the members and the number of votes cast for the amendments to for approval.	(s)
	There are no memi		
	Dated	021/01-2016	
	Signature		
		(By the chairman or vice chairman of the board, president or other officer-if director have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)	
		Marina Dos Santos	
		(Typed or printed name of person signing)	-
		President	
		(Title of person signing)	-