## N16000002601

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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPORATION: CATEDRAL	DA FAMILIA FLORIDA, INC							
DOCUMENT NUMBER: N16000002601								
The enclosed Articles of Amendment and fee are submitted for filing.								
Please return all correspondence concerning this matter to the following:								
CAROLINE MOLINA	FERREIRA							
<del></del>	Name of Contact Perso	n						
CSG - CAPITAL SER	VICES GROUP, INC							
	Firm/ Company	· · · · · · · · · · · · · · · · · · ·						
446 W HILLSBORO B	446 W HILLSBORO BLVD							
<del></del>	Address							
DEERFIELD BEACH,	DEERFIELD BEACH, FL 33441							
	City/ State and Zip Cod	le						
CAROLINE@THEWAYGR	OUP.BIZ							
<del>-</del>	be used for future annual report	notification)						
`	•	,						
For further information concerning this matter.	, please call:							
CAROLINE FERREIRA	954	427-4770						
Name of Contact Person	at ( Area Co	de & Daytime Telephone Number						
Enclosed is a check for the following amount made payable to the Florida Department of State:								
□ \$35 Filing Fee		☐\$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	Amendment Section  Division of Corporations  P.O. Box 6327  Amendment Section  Division of Corporations  Clifton Building							

Tallahassee, FL 32301

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Articles of Amendment Articles of Incorporation 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: Name of New Registered Agent: (Florida street address) New Registered Office Address: Florida (City) (Zip Code)

Signature of New Registered Agent, if changing

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

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

## 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	<u>PT</u>	John Doe				
X Remove	<u>v</u>	Mike Jones				
X Add	<u>sv</u>	Sally Smith				
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s			
1) Change	т	JESIEL G RODRIGUES	4145 N DIXIE HWY			
Add			POMPANO BEACH, 33064			
X Remove						
2) Change	<u>T</u>	JAIRO CRISTIANO SANTOS	4145 N DIXIE HWY			
X Add			POMPANO BEACH, 33064			
Remove						
3) Change	D	ZAINA S DA SILVA	4145 N DIXIE HWY			
Add			POMPANO BEACH, 33064			
X Remove						
4) Change	D	MARIA DOS SANTOS	4145 N DIXIE HWY			
X Add			POMPANO BEACH, 33064			
Remove						
5) Change						
Add						
Remove						
6) Change	<del></del>					
Add						
Remove						

f amending or adding additional sheets, if neco	essary). (Be spe	cific)		
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The date of each amendment(s) adoption:	, if other than the
date this document was signed.  O9 /01 / 20 16  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 document's effective date on the Department of State's records.	will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the members and the number of votes cast for the amendmen was/were sufficient for approval.	at(s)
There are no members or members entitled to vote on the amendment(s). The amendment(s) was/wer adopted by the board of directors.	c
Dated 09/01/2016	
Signature Fermon Contro on Some L	
(By the chairman or vice chairman of the board, president or other officer-if directed have not been selected, by an incorporator – if in the hands of a receiver, trustee, conter court appointed fiduciary by that fiduciary)	
FERNANDO CHALELA DOS SANTOS	
(Typed or printed name of person signing)	-
V.PRESIDENT	
(Title of person signing)	_