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## **COVER LETTER**

TO: Amendment Section Division of Corporations

NAME OF CORPORATION:	OMMUNITY OF BANYAR	LIGEZI FLORIDA CHAPTER, INC.
N16000011034		
DOCUMENT NUMBER:		. <del> </del>
The enclosed Articles of Amendment and fee are subm	itted for filing.	
Please return all correspondence concerning this matter	to the following:	
FR. BENJAMIN TWINAMAANI		
	Name of Contact Person)	
INTERNATIONAL COMMUNITY OF BANYAKIGI	EZI FLORIDA CHAPTER, I	NC.
	(Firm/ Company)	
15102 AMBERLY DRIVE		
	(Address)	
TAMPA, FLORIDA 33647-1618		
	City/ State and Zip Code)	
icobeflorida@gmail.com		
E-mail address: (to be used	or future annual report notif	cation)
For further information concerning this matter, please c	all:	
FR. BENJAMIN TWINAMAANI	813 at	500-0970
(Name of Contact Person)	(Area C	ode) (Daytime Telephone Number)
Enclosed is a check for the following amount made pay	able to the Florida Departme	nt of State:
\$35 Filing Fee \$\Bigcup \\$43.75 Filing Fee & Certificate of Status	Certified Copy (Additional copy is enclosed)	\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is Enclosed)
Mailing Address	Street Add	TACC

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of

FILED 16 DEC 21 PM 3: 47

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INTERNATIONAL COMMUNITY OF BANYAKIGEZ	I FLORIDA CHAPTER, INC.	TALLADA . N. V
(Name of Corporation as cur	rently filed with the Florida	Dept. of State)
N16000011034		
(Document No	umber of Corporation (if known	1)
Pursuant to the provisions of section 617.1006, Florida Statemendment(s) to its Articles of Incorporation:	ntutes, this Florida Not For Pro	ofit Corporation adopts the following
A. If amending name, enter the new name of the corpo	ration:	
		The ne
name must be distinguishable and contain the word "corp "Company" or "Co." may not be used in the name.	oration" or "incorporated" or	the abbreviation "Corp." or "Inc.
B. Enter new principal office address, if applicable:		· <del>· · · · · · · · · · · · · · · · · · </del>
(Principal office address <u>MUST BE A STREET ADDRE</u>	<u>SS</u> )	
	<del> </del>	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
(Mulling dauress MAT BE A POST OFFICE BOX)		
	<del></del>	
D. If amending the registered agent and/or registered		er the name of the
new registered agent and/or the new registered offi	ce address:	
Name of New Registered Agent:		
New Registered Office Address:	(Florida street address)	
New Registered Office Address.		
	(0):	Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if changing Registe		
I hereby accept the appointment as registered agent. I an	n 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: X Change 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	ST	CHARLES JOSEPH	9554 PEBBLE GLEN AVENUE
Add			TAMPA, FL 33647
X Remove			
2) X Change	ST	CHARLES FORSTER	18143 SANDY POINTE DRIVE
Add			TAMPA, FL 33647
Remove 3) X Change	V	CAMILLA TWINAMAANI	9533 PEBBLE GLEN AVENUE
Add		<del>- ,     .   .   .   .   .   .   .   .   .</del>	TAMPA, FL 33647
Remove			
4) Change			
Add			
Remove			
5) Change		· · · · · · · · · · · · · · · · · · ·	
Add			
Remove			***************************************
6) Change			
Add			
Remove			

If amending or adding a attach additional sheets,	if necessary).	(Be specific)					
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ፐክል	December 5, 2016 late of each amendment(s) adoption:	, if other than the
	his document was signed.	_, 11 00101 01011 010
Effe	tive date if applicable:	
	(no more than 90 days after amendment file date)	
	If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be ment's effective date on the Department of State's records.	be listed as the
Ado	tion 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 December 5, 2016	
	Signature	<del></del>
	(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)	
	FR. BENJAMIN TWINAMAANI	
	(Typed or printed name of person signing)	
	PRESIDENT.	
	(Title of person signing)	