PAGE 02/05 PAGE 0

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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	Division of Corporations	CR	
	Fax Number : (850)617-6380	32: U	Z017 MAY
From:		TARY OF ASSEE, F	
•	Account Name : LAZARUS CORPORATE FILING SERVICE, INC.	ह्यं∹<	S
	Account Number : 120000000019	1,40	200
	Phone : (305)5\$2-5973	TT (2	会
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	the email address for this business entity to be used for		
ann	qual report mailings. Enter only one email address please	.**	

COR AMND/RESTATE/CORRECT OR O/D RESIGN SAN VICENTE DE PAUL MADRE DE CRISTO CORP

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May 4, 2017

FLORIDA DEPARTMENT OF STATE

SAN VICENTE DE PAUL MADRE DE CRISTO CORP 2423 S.W. 147 AVE #118 MIAMI, FL 33176

SUBJECT: SAN VICENTE DE PAUL MADRE DE CRISTO CORP REF: N17000003662

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

Please type/print clearly and check which action to take with the officer/director information on page 2(two) of the form.

If you have any questions concerning the filing of your document, please call $(850) \cdot 245 - 6050$.

Irene Albritton Regulatory Specialist II FAX Aud. #: H17000121618 Letter Number: 517A00008770

H17000124618

Articles of Amendment to

Articles of Incorporation (Name of Corporation as currently filed with (Document Number of Corporation (if known) 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, onter the name of the new registered agent and/or the new registered office address: Name of New Registered Agent: ظرت (Florida street address) New Registered Office Address: Florida (City) (Zip Code) New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position. Signature of New Registered Agent, if changing

Page 1 of 4

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If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and tit	ie, 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	PT John D Y Mike J SV Sally S	ones	
Type of Action (Check One)	Title	Name	Address
1)Change	<u>Res</u> den	Hayda Escudesi Flores	
Remove			Mani, 46 33175
2)Change	Vice Reside	ut Carlos R. Estape	1780 S.W. 139Pl.
Remove 3)ChangeAdd	Secretary	Margarita Lermo	26315W. 152ct. Many 4033175
4) Change Add Remove	TReasu Ren	Angie Hilerio	14216 SW. 475+ Miam, 72 33175
5) Change Add Remove			
6) Change Add		·	
Remove		Page 2 of 4	

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I amending or adding attach additional sheets,	if necessary). (Be specific)				
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	each amendment(s) adoption: 5-3-17 interest was signed.	f other than the
Effective dat	te <u>if applicable:</u> (no more than 90 days after amendment file date)	
	date inserted in this block does not meet the applicable statutory filing requirements, this date will not be be effective date on the Department of State's records.	isted as the
Adoption of	f Amendment(s) (CHECK ONE)	
	nendment(s) was/were adopted by the members and the number of votes cast for the amendment(s) are sufficient for approval.	
	are no members or members entitled to vote on the amendment(s). The amendment(s) was/were all by the board of directors.	
	Dated 5-3-17	
	Signature Mayda Excudera Flores	
	(By the chairman of 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)	
	Nayda Escude Po Hlo Res (Typed or printed name of person signing)	
	PRESIDENT (Title of person signing)	
	(Title Or beingen zigung)	