## N17000005784

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## **COVER LETTER**

TO: Amendment Section Division of Corporations Marguerite Compassion Community Ministry Inc. NAME OF CORPORATION: N17000005784 DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all dorrespondence concerning this matter to the following: Immanuel H. Berrouet (Name of Contact Person) Maguerite Compession Community Ministry, Inc. (Firm/ Company) 15800 NE 15 Ave (Address) North Miami Beach, Florida 33162 (City/ State and Zip Code) Compassioncommunity7@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Immanuel H. Berrouet 754-971-1724 (Name of Contact Person) (Area Code) (Daytime Telephone Number) Enclosed is a check for the following amount made payable to the Florida Department of State: \$35 Filing Fee \$\Bigcup \$43.75 Filing Fee & \$\Bigcup \$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy 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 Amendment to Articles of Incorporation of

Margurite Com	passion Community Ministry, Inc.		
	(Name of Corporation as currently	y filed with the Florida Dept. of State)	
N1000005784			
	(Document Number	of Corporation (if known)	
	ovisions of section 617.1006, Florida Statutes, ts Articles of Incorporation:	this Florida Not For Profit Corporation adopts	the following
A. If amending	pame, enter the new name of the corporatio	<u>n:</u>	
	<b>\</b>		The new
"Company" or '	singuishable and contain the word "corporation" on the used in the name.  The incipal office address, if applicable:	on" or "incorporated" or the abbreviation "Corp	o." or "Inc."
	e address <u>MUST BE A STREET ADDRESS</u> )		
	-	<del> </del>	
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C 17-4	line address if so linebles		$\mathcal{Z}_{\mathcal{C}}$
	milling address, if applicable: dress MAY BE A POST OFFICE BOX)	· ·	_
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	-	<del> </del>	<u> </u>
	1		-
D. If amonding	the registered agent and/or registered office	address in Florida, enter the name of the	
	red agent and/or the new registered office ad-		
-	CN D in 14		
	Nume of New Registered Agent:		
	<u> </u>	(Florida street address)	
	New Registered Office Address:	(# tortun an est pum ess)	
		Planida	
		, Florida, (City) (Zip Code)	<del></del>
	Agent's Signature, if changing Registered A the appointment as registered agent. I am fami	gent: liar with and accept the obligations of the position	on.
	Sig	nature 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:

 $P = President; \ T = Vice President; \ T = Treasurer; \ S = Secretary; \ D = Director; \ TR = Trustee; \ C = Chairman or Clerk; \ CEO = Chief Executive Officer; \ CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.$ 

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 V SV </u>	John Doe Mike Jones Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	S	Paulette H Noel	15800 NW Ave
Add	}		North Miami Beach, Fl
X Remove			<del></del>
2) Change	<u>s</u>	Immanuel II Berrouet	15800 NW Ave
X Add			North Miami Beach, Fl 33162
Remove			
3) Change		<del>-</del>	
Add			
Remove	Ì		
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change	<u> </u>		
Add			
Remove	I		

E. ' <u>If amending or</u>	adding additional Articles, enter change(s) here:  il sheets, if necessary). (Be specific)	
(attach additiona	d sheets, if necessary). (Be specific)	
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1	3/25/2018	
The date of each amend		, if other than the
late this document was s	igned.	
·· · ]	3/25/2018	
Effective date <u>if applica</u>	ıble: '	
	(no more than 90 days after amendment file date)	
	d in this block does not meet the applicable statutory filing requirements, this e on the Department of State's records.	date will not be listed as the
Adoption of Amendmer	nt(s) ( <u>CHECK ONE</u> )	
☐ The amendment(s) was/were sufficient	was/were adopted by the members and the number of votes cast for the amen- for approval.	dment(s)
There are no member adopted by the boar	ers or members entitled to vote on the amendment(s). The amendment(s) was rd of directors.	s/were
Dated _	March 25, 2018	
Signature_	Pettette	
¥ <b>1</b> =	By the chairman or vice chairman of the board, president or other officer-if d	irectors
	have not been selected, by an incorporator – if in the hands of a receiver, trus	
	other court appointed fiduciary by that fiduciary)	
	Rose Ann Laeroix	
	(Typed or printed name of person signing)	
	President	
į .	(Title of person signing)	