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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Corporate Filing Menu

2019 (10.14)

Electronic Filing Menu

I ALBRITTON

Help

TO: Amendment Section

COVER LETTER

Division of Corporations
NEW HOPE BRAZILIAN BAPTIST CHURCH NAME OF CORPORATION:
N19000001046 DOCUMENT NUMBER:
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
MARCIO GOMES
(Name of Contact Person)
TAXHOUSE CORPORATION
(Firm/ Company)
1100 S FEDERAL HWY
(Address)
DEERFIELD BEACH FL 33441
(City/ State and Zip Code)
STATE@TAXHOUSE.US
E-mail address, (to be used for luture annual report noblication)
For further information concerning this matter, please call:
(Name of Contact Person) at
(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:
S35 Filing Fee

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

(Name of Corporation as o	currently filed with the Flo	orida Dent. of State)
N19000001046	ture med med the re-	with reprint charge
	N	Lucius and
(Document	Number of Corporation (if	known)
Pursuant to the provisions of section 617.1006, Florida amendment(s) to its Articles of Incorporation:	Statutes, this Florida Not F	or Profit Corporation adopts the following
A. If amending name, enter the new name of the cor	poration:	
		The new
nome must he distinguishable and contain the word "co "Compuny" or "Co." may not be used in the name.	orporation" or "incorporate	ed" or the abbreviation "Corp." or "Inc."
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADD)</u>		
		r:3
C. Enter new mailing address, if applicable: (Mailing address <u>MAY BE A POST OFFICE BOX</u>	ý <u> </u>	
		
D. If amending the registered agent and/or registered new registered agent and/or the new registered o		u, enter the name of the
Name of New Registered Agent:		
New Registered Office Address:	ü	Florida street vildress)
	(City)	, Florida (Zip Code)
New Registered Agent's Signature, if changing Registeredy accept the appointment as registered agent. I	stered Agent:	, ,
	Signature of New Regi	stered 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:

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

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>	<u>n Doe</u> e Jones v Smith	
Type of Action (Check One)	<u>Title</u>	<u>N</u> ame	Address
1)Change	TREASI	MARCELAS ARGO GATTI	4301 N FEDERAL HIGHWAY
Add XRemove			POMPANO BEACH, FL 33064
2) Change	TREAST	MARCELO TEIXEIRA	4301 N FEDERAL HIGHWAY
X Add			POMPANO BEACH, FL 33064
Remove 3) Change Add			
Remove			
4) Change Add			
Remove			
5) Change Add			
Remove			
(f) Change Add			
Remove			

E.	If amending or adding additional Art (attach additional sheets, if necessary).	<u>icles, enter chan</u>	gc(s) here:				
	(altach additional sheets, if necessary).	(Be specific)					
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The date of each amendment	10/14/2019 :(s) adoption:	, if other than the
date this document was signed		-
Effective date <u>if applicable</u> :	10/14/2019	
	(no more than 90 days after amendment file date)	
	is block does not meet the applicable statutory filing requirements, this date will not be Department of State's records.	e listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/was/were sufficient for ap	rere adopted by the members and the number of votes cast for the amendment(s) oproval.	
☐ There are no members or adopted by the board of o	members entitled to vote on the amendment(s). The amendment(s) was/were directors.	
Dated	Vimu Mausur	
(By the have r	chairman or vice chairman of the board, president or other officer-if directors not been selected, by an incorporator – if in the hands of a receiver, trustee, or court appointed fiduciary by that fiduciary)	-
VI	LMA MANSUR	
••	(Typed or printed name of person signing)	
SE	CRETARY	
	(Title of person signing)	

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