

N20 000007816

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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MAIL

(Business Entity Name)

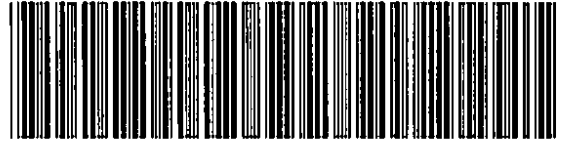
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STATEMENT

JAN 07 2020

2020 DEC 23 AM 11:31

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David



FLORIDA DEPARTMENT OF STATE
Division of Corporations

70235 6 1 11:03

December 11, 2020

ELIEZER CUEVAS SR.
230 RUE DE PARESSE
TAVARES, FL 32778

SUBJECT: ANILEDODI FOREVER MINISTRIES, INC.
Ref. Number: N20000007816

We have received your document and check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The name must contain a word that will clearly indicate that it is a corporation. This word may be: CORPORATION, CORP., INCORPORATED, or INC. Sections 617.0401(1)(a) and 617.1506(1), Florida Statutes, prohibits the use of the word COMPANY or CO. in the name of a non-profit corporation.

PLEASE SEE PRINTOUT AND CORRECT OFFICER/DIRECTOR PAGE ACCORDINGLY.

The document must be signed by the chairman, any vice chairman of the board of directors, its president, or another of its officers listed.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

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

Susan Tallent
Regulatory Specialist II

Letter Number: 620A00024885

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: ANILEDODI FOREVER MINISTRIES, INC.

DOCUMENT NUMBER: N20000007816

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

ELIEZER CUEVAS SR.

(Name of Contact Person)

(Firm/ Company)

230 RUE DE PARESSE

(Address)

TAVARES, FLORIDA 32778

(City/ State and Zip Code)

OPENARMSREFUGE@GMAIL.COM

E-mail address; (to be used for future annual report notification)

For further information concerning this matter, please call:

ELIEZER CUEVAS SR.

407

365-3661

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:

☐ \$35 Filing Fee

☒ \$43.75 Filing Fee &
Certificate of Status

☐ \$43.75 Filing Fee &
Certified Copy
(Additional copy is
enclosed)

☐ \$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

Street Address

Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Articles of Amendment
to
Articles of Incorporation
of

ANILEDODI FOREVER MINISTRIES, INC.

(Name of Corporation as currently filed with the Florida Dept. of State)

N20000007816

(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:

TONY & MARTA CERQUEIRA MINISTRY, INC.

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:

N/A

(Principal office address MUST BE A STREET ADDRESS)

C. Enter new mailing address, if applicable:

N/A

(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:

N/A

(Florida street address)

New Registered Office Address:

N/A

(City)

Florida

(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

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:

<u>X</u> Change	<u>PT</u>	<u>John Doe</u>
<u>X</u> Remove	<u>V</u>	<u>Mike Jones</u>
<u>X</u> Add	<u>SV</u>	<u>Sally Smith</u>

<u>Type of Action</u> (Check One)	<u>Title</u>	<u>Name</u>	<u>Address</u>
1) <u>X</u> Change Add	<u>P</u>	<u>LUIZ A CERQUEIRA</u>	<u>4803 NORMANDY PLACE</u> <u>ORLANDO, FL 32811</u>
Remove			
2) <u>X</u> Change Add	<u>V</u>	<u>MARTA CERQUEIRA</u>	<u>4803 NORMANDY PLACE</u> <u>ORLANDO, FL 32811</u>
Remove			
3) <u>X</u> Change Add	<u>ST</u>	<u>ELIEZER CUEVAS SR.</u>	<u>230 RUE DE PARESSSE</u> <u>TAVARES, FL 32778</u>
Remove			
4) Change Add			
Remove			
5) Change Add			
Remove			
6) Change Add			
Remove			

F. If amending or adding additional Articles, enter change(s) here:

(attach additional sheets, if necessary). (Be specific)

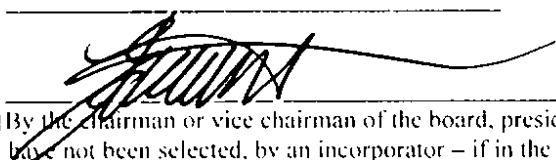
N/A

☐ 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 18, 2020

Signature


(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)

ELIEZER CUEVAS SR.

(Typed or printed name of person signing)

SECRETARY / TREASURER

(Title of person signing)