N9800000287

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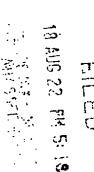
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: Injuar late Heart of Mory Roman Catholic Chape, I
DOCUMENT NUMBER: N980000287
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Emilio José Fattore (Name of Contact Person)
Immaculate Heart of Mary Roman Cotholic Chapel, IN
2408 East Stuart Street (Address)
Famba FL 33605 (City/ State and Zip Code)
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Emilio J. Fattore at (813) 248-4460 (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 S43.75 Filing Fee & S43.75 Filing Fee & Certificate of Status Certified Copy (Additional copy is enclosed) S52.50 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
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Articles of Amendment

to Articles of Incorporation

Tours and In Hard of Maci	1 D 00000 P	ofholic Chobal T	Λ1 <i>σ</i>
(Name of Corporation as curren	ily filed with the Flori	ida Dept. of State)	<u>IV</u> C
N QQ adádada	87.		
(Document Number	er of Corporation (if kr		
	·		
Pursuant to the provisions of section 617,1006. Florida Statute amendment(s) to its Articles of Incorporation:	s, this <i>Florida Not Foi</i>	* Profit Corporation adopts the follo	wing
A. If amending name, enter the new name of the corporati	ion:		
N/A		The	new
name must be distinguishable and contain the word "corporat	tion" or "incorporated		
"Company" or "Co." may not be used in the name.	i		
B. Enter new principal office address, if applicable:	N/A		
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	, i	April 1	
		- 4	<u>F. 135</u>
			<u>2</u> 22
C. Enter new mailing address, if applicable:	A1/34		^ງ
(Mailing address <u>MAY BE A POST OFFICE BOX</u>)	<u></u>		0
	<u> </u>		က်
		ئة <u>شد.</u> م	(3)
D. If amending the registered agent and/or registered office new registered agent and/or the new registered office as		enter the name of the	
new registered agent and/or the new registered office at	udress.		
Name of New Registered Agent:	N/H		
New Registered Office Address:	·	rida street address)	
	410		
<u></u>	(City)	Florida (Zip Code)	
	, , ,	104 0,	
New Registered Agent's Signature, if changing Registered. I hereby accept the appointment as registered agent. I am fan		the obligations of the nosition	
	/^		
	WA		
Si	gnature of New Registe	ered 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	PT John D V Mike Jo SV Sally S	<u>ones</u>	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change Add Remove	D	Luz tapia	2404 Short st Tampa, FC 33605
2) Change Add	<u>D</u>	Patricia L Schnaltz	2404 Stuart St Tampor FL 33605
Remove 3) Change Add			
Remove			
Add			
5) Change Add			
Remove 6) Change			
Add Remove	_		

E. If amending or adding additional Articles, enter change(s) here:	
(attach additional sheets, if necessary). (Be specific)	
N/A	
	
	
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The date of each amendment(s) adoption: 05-07-18 , if other than the date this document was signed.
Effective date if applicable: (no more than 90 days after amendment file date)
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.
Adoption 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.
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) Emilio 1850 Fattore (Typed or printed name of person signing)
Truscolutt — (Title of person signing)