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COVER LETTER

TO: Amendment Section Division of Corporations
NAME OF CORPORATION: CENTRO Apostólico agis de Amor
N100000000
DOCUMENT NUMBER: NOTICE
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Jennifer Fernandez
(Name of Contact Person)
Centro Apostólico Casis de Amor
(Firm/ Company)
6515 Taft St.
(Address)
Hollywood, FL. 33024
(City/ State and Zip Code)
Info@asisdeamor.c.c E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
(Name of Contact Person) (Area Code) (Daytime Telephone Number)
(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 & ☐\$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) (Additional Copy is Enclosed)
Mailing Address Street Address

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Articles of Amendment

Articles of Incorporation (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: name must be distinguishable and contain the word "corporation" or "incorporated" or the abbreviation "Corp." or "Inc." "Company" or "Co." may not he 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, enter the name of the new registered agent and/or the new registered office address: Name of New Registered Agent: (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

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 I V Mike SV Sally S	Iones	
Type of Action (Check One)	Title	Name	Address .
1) Change Add	<u>P</u>	Ana Yargas	8809 SW 49 St. Cooper City, FL 33328
Remove 2)	1	Norberto Vargas	8809 5W 49 t. Coper City, FL. 33328
Remove 3) Change Add	<u>S</u> _	Hiriam Vega.	19233 NW 14th St. Penbroke Pines, Fl. 3302
Remove 4) Change Add	T	Damarys Harty	737 NW 135 th Ave. Pembroke Pines, FL 33028
Change Add	TR	Carlos Vozquez	935 SW 143rd Ter. Panibroke Pines, FL 33027
Remove 6) Change Add	TR	Nydia Podriguez	11521 NW 35th St. Sunrise, FL. 33323
Remove		No. 2 of 4	

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.

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Example: X.Change X Remove X Add	PT John D Y Mike Jo SY Sally S	ones	
Type of Action (Check One)	Title	Name	Address
1) Change		Francisca Victoriano	5661 washington St.
Add Remove		<u>.</u>	Hollywood, FL. 33024
2) Change	TR	Ana Alvarez	6371 Rodyan St.
Add			Holly wood, FL. 33023
3) Change			
Add			
4) Change			· · · · · · · · · · · · · · · · · · ·
Add			1
5) Change			
Add Remove			
6) Change	_		
Add			
Remove			

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The date of each amendment(s) adoption: DECEMBER 2), & Old 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. Dated Signature H. Vargan
(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)
Ana Varga 5 (Typed or printed name of person signing)
President (Title of person signing)