N99000061359

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	· #)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nam	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



000283587940

04/11/16--01027--019 **52.50

APR 1 3 2016

C. CARROTHERS

2016 APR 11 PM I2: 08

SCCRSTARY OF STATE

TAIL A BASSES IN GREEN

The state of the s

COVER LETTER

TO: Amendment Section Division of Corporations

Tallahassee, FL 32314

NAME OF CORPORATION:	EUA. INC.		
DOCUMENT NUMBER:			
The enclosed Articles of Amendment and fee are	submitted for filing.		
Please return all correspondence concerning this r	natter to the following:		
DAVID MORENO			
	(Name of Contact Perso	on)	
CONFRADEB-EUA, INC.			
	(Firm/ Company)		
4000 N FEDERAL HWY			
	(Address)		
LIGHTOUSE POINT, FL 33064			
	(City/ State and Zip Co	de)	
JOSIAS@ADBELEM.ORG			
E-mail address: (to be	used for future annual repor	t notification	n)
For further information concerning this matter, ple	ease call:		
DAVID MORENO	9. at	54	782 - 0430
(Name of Contact Pe		Area Code)	(Daytime Telephone Number)
Enclosed is a check for the following amount made	le payable to the Florida Dep	partment of	State:
\$35 Filing Fee \$43.75 Filing Fee Certificate of Sta	e & \$\Bigcup \\$43.75 \text{ Filing Fee & Certified Copy (Additional copy is enclosed)}	Certii Certii (Addi	0 Filing Fee icate of Status ied Copy tional Copy is osed)
Mailing Address Amendment Section		t Address idment Sect	ion
Division of Corporations P.O. Box 6327		ion of Corp on Building	orations

2661 Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

CONFRADEB-EUA, INC.					
(Name of Corporation	as curren	tly filed with the Florida Dept	. of State)		_
N99000001359					
(Docur	nent Numb	er of Corporation (if known)			_
Pursuant to the provisions of section 617.1006, Floamendment(s) to its Articles of Incorporation:	rida Statute	s, this <i>Florida Not For Profit (</i>	Corporation adopts th	e followi	ng
A. If amending name, enter the new name of the	e corporati	on:			
BRAZILIAN DISTRICT COUNCIL OF THE ASS	SEMBLIES	OF GOD PAC		The ne	14)
name must be distinguishable and contain the word "Company" or "Co." may not be used in the nam		ion" or "incorporated" or the	abbreviation "Corp."		
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		4000 N FEDERAL HWY			
		LIGHTHOUSE POINT, FL 33	3064		_
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		SAME AS ABOVE			ZEID APK
D. If amending the registered agent and/or regi			e name of the		747:08
new registered agent and/or the new register		aaress:		A>-	u
Name of New Registered Agent:	N/A				_
	N/A				
New Registered Office Address:		(Florida stree	·		
	N/A		, Florida		_
		(City)	(Zip Code)		
New Registered Agent's Signature, if changing I I hereby accept the appointment as registered agen	Registered nt. I am fan	Agent: niliar with and accept the oblig	rations of the position		
_	NA	gnature of New Registered Age			
	' Si	gnature of New Registered Age	nt, 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	<u>V</u> <u>M</u>	hn Doe ike Jones Ily Smith	
Type of Action (Check One)	_Title	Name	<u>Addres</u> s
1) N/A Change	N/A	N/A	N/A
Add			
Remove			
2) W Change			· · · · · · · · · · · · · · · · · · ·
Add			
Remove			
3) All Change			
Add			·
Remove			
4) A Change			
Add			
Remove			
5) A Change			
Add			
Remove			
6) Ale Change			
Add			
Remove			·

E. If amending or adding additional Arti (attach additional sheets, if necessary).	(Be specific)
N/A	
N/A	
	· · · · · · · · · · · · · · · · · · ·
· · · · · · · · · · · · · · · · · · ·	

ፐትረ	e date of each amendmen	N/A	, if other than the
	this document was signed		, if other than the
re.	ective date if applicable:	04.08.2016	
1511	ective date <u>if applicable.</u>	(no more than 90 days after amendment file date)	
		his block does not meet the applicable statutory filing requirements, this do the Department of State's records.	ate will not be listed as the
Ado	option of Amendment(s)	(CHECK ONE)	
	The amendment(s) was/v was/were sufficient for a	vere adopted by the members and the number of votes cast for the amendmoproval.	nent(s)
	There are no members or adopted by the board of	members entitled to vote on the amendment(s). The amendment(s) was/v directors.	vere
	04/08 Dated	/2016	
	Signature	Torch	
	(By the	e charman or vice chairman of the board, president or other officer-if dire not been selected, by an incorporator – if in the hands of a receiver, trusted court appointed fiduciary by that fiduciary)	
	DA	AVID MORENO	
		(Typed or printed name of person signing)	
	AS	SISTANT TREASURER	
		(Title of person signing)	