N05000008380

(Requestor's Name)				
(Ad	dress)			
(Au				
(Address)				
(City/State/Zip/Phone #)				
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: AYCA DE NO	e Pentecostal	church Inc		
DOCUMENT NUMBER: NO500008380				
The enclosed Articles of Amendment and fee are submitted	ed for filing.			
Please return all correspondence concerning this matter to	the following:			
Pastor= Urbano (Name of Con	Rodarte tact Person)			
(Firm/ Co	mpany)			
639. w. €119. J.	Gilmore, St			
Apopka, Fl- 3 (City/ State an	32703 d Zip Code)			
blimndt macrte (E-mail address: (to be used for	a aol-com future annual report notification	n)		
For further information concerning this matter, please call	l: .			
Maydaling Comer (Name of Contact Person)	at (407) 430-2	2194 (cell) Telephone Number)		
Enclosed is a check for the following amount made payab	ole to the Florida Department of	State:		
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 Clifton Building 2661 Executive Center Cir Tallahassee, FL 32301	rcle		

Articles of Amendment to Articles of Incorporation of

FILED 10 FEB II PH 4: 39

01		3 . 25 . 1 . 11 4: 3
Pentecostal Chû		TALE AND STATE OF STA
N05000 08380 (Document Number of Corp.	ooration (if known)	The state of the s
Pursuant to the provisions of section 617.1006, Florida Stathe following amendment(s) to its Articles of Incorporation	tutes, this <i>Florida Not For</i> ::	Profit Corporation adopts
A. If amending name, enter the new name of the corporation of the value of the corporation of the corporatio	Church Invocation or "in	ocorporated" or the
B. <u>Enter new principal office address, if applicable:</u> Principal office address <u>MUST BE A STREET ADDRES</u>	(39, W.Ella Apopka, F	.J.Gilmore, st
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		aJ-Gilmore,st
D. If amending the registered agent and/or registered on new registered agent and/or the new registered office	ffice address in Florida, e	
Name of New Registered Agent:		
New Registered Office Address: (1	Florida street address)	
7	(City)	, Florida (Zip Code)
New Registered Agent's Signature, if changing Registered hereby accept the appointment as registered agent. I position.		ept the obligations of the

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)

<u>Title</u>	<u>Name</u>	Address	Type of Action
Pastor	urbano Rodarte.	68.00 Ella. J. Gilmor, S	Add
secretary	Autora Rodarte	Apoply, Fl-32703	Add Remove
Treasury	Magdalena Gomez.	1045.W.14454 Apople , F 1-32703	☐ Add
(attach add	ng or adding additional Articles, enteritional sheets, if necessary). (Be spec	cific) .	· · · · · · · · · · · · · · · · · · ·
·			
	-		

The date of each amendment(s) adoption: $0 - 11 - 2010$
(date of adoption is required)
Effective date if applicable:
(no more than 90 days after amendment file date)
)
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 02 - 11 - 2010
Signature Maydulery Lome
(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)
Maudalena Eonez
(Typed or printed name of person signing)
<u> Treasory</u>
(Title of person signing)

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