N06000005409

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OCT 0 9 2014 C. CARROTHERS

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Iglesia Hisionera Renacer Asamblea de Dios Dunnellon	,
DOCUMENT NUMBER: N 0600005409	
The enclosed Articles of Amendment and fee are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
Felix Espada (Name of Contact Person)	
Iglesia Misionera Renacer Asamblea de Dios, Dunne	lov
11755 Cedar ST	
(Address)	
Dunnellon, Florida 34431 (City/ State and Zip Code)	
imr. clunnellon @ gmail. com E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Felix Espada at (352), 445-0010 (Area Code & Daytime Telephone Number)	
Enclosed is a check for the following amount made payable to the Florida Department of State:	
\$35 Filing Fee	
Mailing Address Street Address	

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

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

Articles of Amendment

Articles of Incorporation

Tglesia Misionera Renaur Asamblus de Dios, Dunnellon (Name of Corporation as currently filed with the Florida Dept. of State) (No 6 00000 5409 (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:

		The r
name must be distinguishable and contain the v "Company" or "Co." may not be used in the n	vord "corporation" or "incorporated" or the ab name.	breviation "Corp." or "Inc
B. Enter new principal office address, if app (Principal office address MUST BE A STREE		
C. Enter new mailing address, if applicable (Mailing address MAY BE A POST OFFICE)		
D. If amending the registered agent and/or r	registered office address in Florida, enter the r	name of the
new registered agent and/or the new regi	stered office address:	

Name of New Registered Agent:		
Name of New Registered Agent: New Registered Office Address:	(Florida street address)	
	(Florida street address) , Flori	da
	,	ida(Zip Code)

Page I 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.

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>Mike</u>	Doc e Jones y Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
Change Add Remove	TD	Delgado, Danay	2051 w Doral Ct. Citrus Spring, FL. 34434
2) Change Add	<u> </u>	Delgado, Roger	2051 W Doral Ct. Citrus Spring, Fr. 34434
 Remove Change Add Remove 	<u>V</u>	Tornes, Francisco	4724 Sw Carnation Ct. Dunnellon, F1 34431
4) Change Add Remove	<u></u>	Torres, Maria M.	4724 Sw Carnation G. Dunnellon, FL. 34431
5) Change X Add Remove	<u>V</u>	Prestidge, Matthew	99 5 Tyler St. Beverly Hills, Fl. 34465
6) Change X Add Remove	<u></u>	Arman, Carmen	21426 SW Peachblossom St Dunnellon, Fl. 34431

Page 2 of 4

			ing additional At ets, if necessary).	rticles, enter change(. (Be specific)	s) here:	
7) 2	<u>×</u>	add	TR	Prestidge,	Norca	99 5 Tyler St. Beverly Hills, Fl. 34465
8) 3	<u>×</u>	add	TR	Fontanez	, Wanda	2582 W Fairway Loop Citrus Spring, F1-34434
				_		

	te date of each amendment(s) adoption:	mber al	1, d014	, if other than the
	fective date if applicable: September (no more than 90)			
Ada	loption of Amendment(s) (CHECK ONE)			
Æ	The amendment(s) was/were adopted by the members ar was/were sufficient for approval.	nd the number of v	votes cast for the amendment(s)	
	There are no members or members entitled to vote on the adopted by the board of directors.	e amendment(s).	The amendment(s) was/were	
	Dated 09-21-2014			
	Signature (By the chairman or vice chairman of have not been selected, by an incorpother court appointed fiduciary by the	orator – if in the h		
	Felix E. Espada			
	(Typed or printed name) President	of person signing))	
	(Title of person	on signing)		