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(Cit	ty/State/Zip/Phone	: #)
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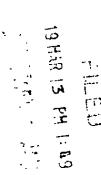
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C TALLENT



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February 26, 2019

ADA M. BAEZ IGLESIA CRISTIANA JESUS DE NAZARET, INCO 42 S SEMORAN BLVD. ORLANDO, FL 32807

SUBJECT: IGLESIA CRISTIANA JESUS DE NAZARET, INCORPORATED

Ref. Number: N10000005049

We have received your document and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

THE DOCUMENT YOU HAVE SUBMITTED IS REFERENCED SPECIFICALLY FOR FLORIDA PROFIT BENEFIT OR FLORIDA PROFIT SOCIAL PURPOSE CORPORATIONS.

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Susan Tallent Regulatory Specialist II

Letter Number: 719A00004052

2019 MAR 13 PM 3:25

RECEIVED

COVER LETTER

TO: Amendment Section Division of Corporations

Tallahassee, FL 32314

NAME OF CORPORATION:Iglesia C	Cristiana Jesus De Nazaret, Incorporated		
DOCUMENT MUMBER.	N1000005049		
DOCUMENT NUMBER:	N1000003049		
The enclosed Articles of Amendment and fee are suf	bmitted for filing.		
Please return all correspondence concerning this mat	ter to the following:		
	Ada M. Baez		
	(Name of Contact Person)		
	(Firm/ Company)	_	
42 S	S Semoran Blvd.		
	(Address)		
0~1~	ando Et 22007		
Office	indo, FL 32807 (City/ State and Zip Code)	_	
E-mail address: (to be use	ed for future annual report notification)	_	
For further information concerning this matter, pleas	e call:		
Ada M. Baez	at 321-458-0224		
(Name of Contact Perso	(Area Code) (Daytime Telephone Number)		
Enclosed is a check for the following amount made p	payable to the Florida Department of State:		
Salanti Salan	Certified Copy (Additional copy is enclosed) Captiling Fee & Certificate of Status Certified Copy (Additional Copy is Enclosed)		
Mailing Address Amendment Section	Street Address Amendment Section		
Division of Corporations P.O. Box 6327	Division of Corporations Clifton Building		

2661 Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

Iglesia Cristiana			
(Name of Corporation as cur	rently filed with the Flo	rida Dept. of State)	
N1	0000005049		
(Document Nu	mber of Corporation (if l	(nown)	
Pursuant to the provisions of section 617.1006, Florida Statement (s) to its Articles of Incorporation:	tutes, this Florida Not Fo	or Profit Corporation adopts the	following
A. If amending name, enter the new name of the corpo	ration:		
	N/A		The new
name must be distinguishable and contain the word "corpo" "Company" or "Co." may not be used in the name.	oration" or "incorporate	d" or the abbreviation "Corp." (or "Inc."
B. Enter new principal office address, if applicable:	N/A		
(Principal office address <u>MUST BE A STREET ADDRE</u> .	<u>SS</u>)		
		- tı	
			
C. Enter new mailing address, if applicable:	N1 / 2		i w
(Mailing address MAY BE A POST OFFICE BOX)	N/A	:	
			·
		· · · · · · · · · · · · · · · · · · ·	. E
D. If amending the registered agent and/or registered of		, enter the name of the	
new registered agent and/or the new registered offic	<u>ee address:</u>		
Name of New Registered Agent:	N/A		
	(F	lorida street address)	-
New Registered Office Address:			
		, Florida	
	(City)	(Zip Code)	
New Registered Agent's Signature, if changing Register	red Agent:		
I hereby accept the appointment as registered agent. I an		t the obligations of the position.	
	Signature of New Regis	stered 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	<u>PT</u> <u>V</u> <u>SV</u>	John Doe Mike Jones Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
!) Change	VP	BAEZ, ADA M.	42 S Semoran Blvd
X Add			Orlando, FL 32807
Remove			
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add		 	
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

f amending or adding additional Arti ttach additional sheets, if necessary).	(Be specific)	_			
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The date of each amendment(s) adoption: March 8, 2019 ... 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. March 8, 2019 Dated (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) Ada M. Baez

(Typed or printed name of person signing)

(Title of person signing)

Vice President