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A RAMSEY

COVER LETTER

TO: Amendment Section

Tallahassee, FL 32314

Division of Corporations IGLESIA BAUTISTA NUEVA VIDA INC. NAME OF CORPORATION: N 1200000 1134 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: (Name of Contact Person) (Firm/Company) (Address) (City/ State and Zip Code) E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: (Name of Contact Person) (Daytime Telephone Number) Enclosed is a check for the following amount made payable to the Florida Department of State: \$35 Filing Fee \$\Bigcup \$43.75 Filing Fee & \Bigcup \$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) **Mailing Address** Street Address Amendment Section Amendment Section Division of Corporations Division of Corporations P.O. Box 6327 Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment

to

Articles of Incorporation

FILED

		of		COUN	17
IGLESIA E	BAUTISTA A	lueva Vida	DE ci	TRANS JUN	30 PM 1:28
		ion as currently file		rida Dentof.Str	ite). The section of
	N 12	00000113	4	ARTOLIA	SSEE FLORIDA
	(Do-	cument Number of C	orporation (if l	knowh)	, to the
Pursuant to the provisions of amendment(s) to its Article		Florida Statutes, this	Florida Not F	or Profit Corpord	ation adopts the follow
A. If amending name, en	ter the new name of	the corporation:			
					The n
name must be distinguisha	ble and contain the w	ord "corporation" o	r "incorporate	ed" or the abbrev	
"Company" or "Co." may	not be used in the n	<u>ime</u> .		,	
B. Enter new principal o	ffice address, if appl	icable:		\mathcal{N}/A	
(Principal office address A					
C. Enter new mailing ad	dress, if applicable:				
(Mailing address <u>MA</u> Y		<u>EE BOX</u>)			

D. If amending the regist	ered agent and/or re	egistered office addr	ess-in-Florida	, enter the name	of-the
new registered agent a	and/or the new regis	tered office address	<u>:</u>		
Name of	New Registered Ager	n: Petr	a G	onzake:	2.
		6/75	01.0	inna di	114 JORE
				Florida street address	
<u>New Re</u>	gistered Office Addre	<u>'ss</u> :			•
		Homo	<u>59a5a</u>		Florida <u>34446</u>
		(City	v)		(Zip Code)
New Registered Agent's S	ignature, if changin	g Registered Agent:	<u>l</u>		
I hereby accept the appoin	tment as registered a	gent. I am familiar v	vith and accep	the obligations	of the position.
		A/ X	— H	$\mathcal{O}_{\mathbb{Z}}$	Ą
		- Veria	<u> </u>	uge le	?
		Signatur	e of New Regi.	stere a Agent, i l cl	nanging

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
1) K Change		Treasure		- I bye me
X Add	777	PINEDA, A	A/FREDO	4791, S. Apopila Ave, FI 3445
Remove	B	CASTILLO C	LLEMENTE, A	9 Delta St/Beverly Hills
2) Change		Secreta	ey	3 4 4 6 5
✓ Add	S^{\prime}	PINEDA,	susan 4	1791.S. Apopka Ave, inverness Delta ST / Bevery Hills 34465
X Remove	5	CASTILLO, COL	eyda 9 15	reita st / Bevery Hills 34465
3) Change		Preside		
Adde	2	BORREBO, 1	7.npe/ 47	LOS W. CASper LN, Bevery Julo
X Remove	7	Gonzalez, T	PETRA 6.	175 ST CAMPA LIVY AVED HOMOSSASA, RI 34465
4) Change			· 30 · 100 · 30	
Add				
Remove				
5) Change				
Add				
Remove				
6) Change		<u></u>		- · · · · · · · · · · · · · · · · · · ·
Add				
Remove				

f amending or adding additional Art utach additional sheets, if necessary).	(Be specific)
	·

The date of each amendment(s) adop date this document was signed.	tion: 6/16/15	, if other than the
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this block document's effective date on the Depar	does not meet the applicable statutory filing requirement tment of State's records.	nts, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were adop was/were sufficient for approval.	ted by the members and the number of votes cast for the	e amendment(s)
☐ There are no members or members adopted by the board of directors.	s entitled to vote on the amendment(s). The amendmen	t(s) was/were
Dated <u>6/16/</u>	15	
Signature Signature	·/	
have not been s	n or vice chairman of the board, president or other office selected, by an incorporator – if in the hands of a receive ointed fiduciary by that fiduciary)	
	(Typed or printed name of person signing)	
	(Typed or printed name of person signing)	
	Pastor	
	(Title of person signing)	