Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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Division of Corporations

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COR AMND/RESTATE/CORRECT OR O/D RESIGN ASSEMBLEIA DE DEUS IDE MISSIONS, INC

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Corporate Filing Menu

COVER LETTER

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O: Amendment Section Division of Corporations	5				٠.	
SAME OF CORPORATIO		DEUS IDE MISSION	5 INC			•
0 OCUMENT NUMBER: _	V19000002777					
The enclosed Articles of Ame	endment and fee are sub	mitted for filing.				
Please return all corresponder	nce concerning this matte	er to the following:				
MARIA PINHEIRO						
		(Name of Contact Pers	on)	<u> </u>		
ALPHA BUSINESS CONS	SULTING, LLC					
		(Firm/ Company)				
6412 W COLONIAL DR						
		(Address)				•
ORLANDO, FL 32818						
		(City/ State and Zip Co	ode)	~		
oinheiromaria@att.net						
E-	mail address: (to be used	for future annual repor	notification	1)		
For further information conce	ming this matter, please	call:				
MARIA PINHEIRO		A ai	107	582-9830		
(Name of Contact Person		Area Code)	(Daytime Telephone	e Number)	•
inclosed is a check for the fo	ollowing amount made pa	ayable to the Florida De	partment of	State:		
□ \$35 Filing Fee	□S43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	Certifi Certifi	0 Filing Fee icate of Status ied Copy tional Copy is osed)		
P.O. Box 6	nt Section Corporations	Ame Divis Clifte 2661	et Address ndment Section of Corpo on Building Executive Calhassee, FL 3	orations Center Circle		

Articles of Amendment to Articles of Incorporation of

ASSEMBLEIA DE DEUS IDE MISSIONS, INC	
(Name of Corporation as cu	urrently filed with the Florida Dept. of State)
N19000002777	
(Document)	Number of Corporation (if known)
Pursuant to the provisions of section 617.1006, Florida Samendment(s) to its Articles of Incorporation:	Statutes, this Florida Not For Profit Corporation adopts the following
A. If amending name, enter the new name of the corp	poration:
ASSEMBLY OF GOD IDE MISSIONS, INC	The new
name must be distinguishable and contain the word "con "Company" or "Co." may not be used in the name.	rporation" or "incorporated" or the abbreviation "Corp." or "Inc."
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDR	RESS)
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX	
D. If amending the registered agent and/or registered new registered agent and/or the new registered of	d office address in Florida, enter the name of the ffice address:
Name of New Registered Agent:	
New Registered Office Address:	(Florida street address)
	, Florida
	(City) (Zip Code)
New Registered Agent's Signature, if changing Regis I hereby accept the appointment as registered agent. I	stered Agent: am familiar with and accept the obligations of the position.
	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)

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 \u2224 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 Doc. PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: <u>X</u> Change <u>X</u> Remove <u>X</u> Add	PT V SV	John Doc Mike Jones Sally Smith				
Type of Action (Check One)	<u> Title</u>	<u>Na</u>	m <u>s</u>	·	<u>Addres</u> s	
1) Change						
Add						
Remove						
2) Change		<u> </u>	<u> </u>			
Add						 _
Remove						
3) Change						
Add						
Remove						
4) Change		_				
Add						
Remove					 	
5) Change				.		
Add						
Remove						
δ) Change						
Add			,			
Remove				Page 2 of 4		

Lifamending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific)							
NONE							
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Page 3 of 4

		06/26/2019	, if other than the
The date	date of each amendment(s) adoption this document was signed.	on:	, , , , , , , , , , , , , , , , , ,
Effe	ctive date <u>if applicable</u> :	(no more than 90 days after amendment file date)	
	•	•	
Note docu	if the date inserted in this block dument's effective date on the Departr	oes not meet the applicable statutory filing requirements, this date will nent of State's records.	not be listed as the
Ado	ption of Amendment(s)	(CHECK ONE)	
	The amendment(s) was/were adopte was/were sufficient for approval.	ed by the members and the number of votes cast for the amendment(s)	
	There are no members or members adopted by the board of directors.	entitled to vote on the amendment(s). The amendment(s) was/were	·
	06/26/2019 Dated		
	Signature		
	have not been se	or vice chairman of the board, president or other officer-if directors elected, by an incorporator – if in the hands of a receiver, trustee, or binted fiduciary by that fiduciary)	
	WASHINGT	TON DA SILVA	
		(Typed or printed name of person signing)	
	PRESIDEN	ा -	
		(Title of person signing)	