

N20 00000 7212

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

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(Business Entity Name)

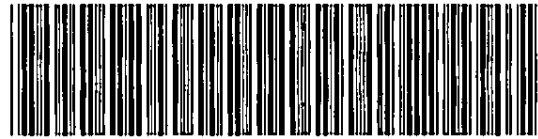
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FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 7, 2020

METEO GONZALEZ FRANCISCO
940 TARPON STREET
BONITA SPRINGS, FL 34135

SUBJECT: ISLESIA LUZ DIVINA, ASAMBLEAS DE DIOS, INC.
Ref. Number: N20000007212

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):

Articles of Correction must be filed within 30 days of the date that the original document was filed.

Please complete the Amendment form (enclosed).

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.

Querida R Moore
Regulatory Specialist II

Letter Number: 320A00024509

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: ISLESIA LUZ DIVINA, ASAMBLEAS DE DIOS, INC 200000007212

DOCUMENT NUMBER: N20000007212

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Mateo Gonzalez Francisco
(Name of Contact Person)

IGLESIA LUZ DIVINA, ASAMBLEAS DE DIOS, INC
(Firm/ Company)

940 TARPON STREET
(Address)

BONITA SPRINGS, FL 34135
(City/ State and Zip Code)

mateogje22@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Mateo Gonzalez Francisco at 239 450-0056
(Name of Contact Person) (Area Code) (Daytime Telephone Number)

Enclosed is a check for the following amount made payable to the Florida Department of State:

- | | | | |
|--|---|--|--|
| <input type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee & Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed) | <input type="checkbox"/> \$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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Articles of Amendment
to
Articles of Incorporation
of

ISLESIA LUZ DIVINA, ASAMBLEAS DE DIOS, INC.

(Name of Corporation as currently filed with the Florida Dept. of State)

N20000007212

(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:

A. If amending name, enter the new name of the corporation:

IGLESIA LUZ DIVINA, ASAMBLEAS DE DIOS, INC.

The new name must be distinguishable and contain the word "corporation" or "incorporated" or the abbreviation "Corp." or "Inc." "Company" or "Co." may not be used in the name.

B. Enter new principal office address, if applicable:

N/A

(Principal office address MUST BE A STREET ADDRESS)

C. Enter new mailing address, if applicable:

N/A

(Mailing address MAY BE A POST OFFICE BOX)

D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:

Name of New Registered Agent:

N/A

(Florida street address)

New Registered Office Address:

N/A

Florida

(City)

(Zip Code)

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

Signature of New Registered Agent, if changing

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STATE OF FLORIDA
DEPARTMENT OF STATE

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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:

<input checked="" type="checkbox"/> Change	<u>PT</u>	<u>John Doe</u>
<input checked="" type="checkbox"/> Remove	<u>V</u>	<u>Mike Jones</u>
<input checked="" type="checkbox"/> Add	<u>SV</u>	<u>Sally Smith</u>

<u>Type of Action</u> (Check One)	<u>Title</u>	<u>Name</u>	<u>Address</u>
1) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	_____	<u>N/A</u> _____	_____ _____ _____
2) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	_____	_____ _____	_____ _____ _____
3) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	_____	_____ _____	_____ _____ _____
4) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	_____	_____ _____	_____ _____ _____
5) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	_____	_____ _____	_____ _____ _____
6) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	_____	_____ _____	_____ _____ _____

E. If amending or adding additional Articles, enter change(s) here:

(attach additional sheets, if necessary). (Be specific)

N/A

THIS NAME WAS SPELLED INCORRECTLY WHEN ORIGINALLY FILED.

IT WAS SPELLED: (ISLESIA) INSTEAD OF (IGLESIA)

WE HAVE BEEN TRYING TO GET THIS CORRECTED BUT HAVE NOT BEEN ABLE TO GET THROUGH.

WE CALLED TODAY 1-12-2021 AND WAS TOLD THE LAST SUBMISSION TO AMMEND WAS DONE ON A

"FOR PROFIT FORM" AND WE NEEDED TO USE THIS "NOT-FOR-PROFIT" FORM.

THE CHECK WVE SENT IN LAST TIME HAS BEEN CASHED, CHECK NUMBER 6249

THE REJECTION LETTER NUMBER FOR THIS IS 320A00024509

The date of each amendment(s) adoption: ORIGINAL INCORPORATION DATE IF POSSIBLE (7-1-2020) _____, if other than the date this document was signed.

Effective date if applicable: ORIGINAL INCORPORATION DATE IF POSSIBLE (7-1-2020) IF NOT, THEN NOW _____
(no more than 90 days after amendment file date)

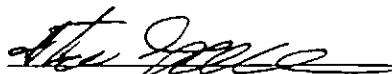
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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.

Dated 01/07/2020

Signature 
(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)

MATEO GONZALEZ FRANCISCO
(Typed or printed name of person signing)

PRESIDENT
(Title of person signing)