Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : FLORIDA CORPORATIONS SERVICES INC .

Account Number: I20150000012 : (786)203-8465 : (305)269-7731 Fax Number

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. \*\*

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COR AMND/RESTATE/CORRECT OR O/D RESIGN IGLESIA PENTECOSTAL LA SENDA ANTIGUA LEISURE CITY II

Certificate of Status	0
Certified Copy	0
Page Count	06 ,
Estimated Charge	\$35.00

RAMSEY

P.O. Box 6327

Tallahassee, FL 32314

## **COVER LETTER**

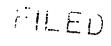
TO: Amendment Section Division of Corporations
Iglesia Pentecostal La Senda Antigua De Leisure City Inc NAME OF CORPORATION:
N22000000405 DOCUMENT NUMBER:
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
MONTEALEGRE, ISRAEL J, DR
(Name of Contact Person)
MONTEALEGRE, ISRAEL J. DR
(Firm/ Company)
2863 SW 69 COURT
(Address)
MIAMI, FL 33155
(City/ State and Zip Code)
yehoowho@yahoo.com
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
MONTEALEGRE, ISRAEL J, DR 786 203-8465
(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:
□ \$35 Filing Fee □ \$43.75 Filing Fee & □ \$43.75 Filing Fee & □ \$52.50 Filing Fee Certificate of Status  Certified Copy (Additional copy is enclosed)  □ \$52.50 Filing Fee Certified Copy (Additional Copy is Enclosed)
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of Corporations

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

Articles of Amendment Articles of Incorporation



SHOE MAY OF

	of	2023 HAY 22 PM 12 1
Iglesia Pentecostal La Senda Antigua De Leisure City	Inc	Aleman Alberton Service
(Name of Corporation as currently filed with the Flo	orida Dept, of State)	स्था अस्ता स्थाप
(Document	Number of Corporation (if kn	own)
Pursuant to the provisions of section 617,1006, Florida amendment(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 co-	rporation:	
Oasis de Vida Inc.		The new
name must be distinguishable and contain the word "co "Company" or "Co." may not be used in the name.	orporation" or "incorporated	" or the abbreviation "Corp." or "Inc."
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADD.		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO)	<u> </u>	
D. If amending the registered agent and/or registered new registered agent and/or the new registered of		enter the name of the
Name of New Registered Agent:		
New Registered Office Address:	(Flo	rida street address)
		, Florida
<del></del>	(City)	(Zip Code)
New Registered Agent's Signature, if changing Registereby accept the appointment as registered agent. I		he obligations of the position.
	Signature of New Register	red 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	PT V SV	John Doc Mike Jones Sally Smith	
Type of Action (Check One)	Title	Nan <b>c</b>	Address
1) Change Add			
Remove			
2) Change Add			
Remove 3 ) Change Add Remove			
4) Change Add			
Remove			
5) Change Add			
Remove			
6) Change Add			
Remove			
E. If amending or addin (attach additional shee		nal Articles, enter change(s) here: ssary). (Be specific)	

		*
		<del></del>
The date of each amendment(s) adontion:		if other than the
The date of each amendment(s) adoption: date this document was signed.		, if other than the
date this document was signed.		if other than the
date this document was signed.	ore than 90 days after amendment file date)	if other than the

Adoption of Amendment(s) (CHECK ONE)

document's effective date on the Department of State's records.

The amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s) was/were sufficient for approval.

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the

irectors
stee, or

(Title of person signing)

Dated	05-08-2025
Signatu	rc
	(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)
	DENNIS IRIAS
	(Typed or printed name of person signing)