## NW000009928

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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

Tallahassee, FL 32314

NAME OF CORPORATI	CAMINO DE FE CI	HURCH INC			
DOCUMENT NUMBER:	N21000009928				
The enclosed Articles of An	-	mitted for filing.			
Please return all correspond		-			
·	ence concerning was made	er to the following.			
Yuriani Lacosta					
		(Name of Contact Pe	rson)		
Camino de Fe Church 🗓 🗓	nc				
		(Firm/ Company	')		
6841 Jarvis Rd					
		(Address)	<u> </u>		
Sarasota, FL 34241					
		(City/ State and Zip 6	Code)		
caminodefevamo@gmail.co	om				
I	E-mail address: (to be used	I for future annual rep	ort notificatio	n)	
For further information con	cerning this matter, please	call:			
Yuriani Lacosta		at	941	822-2956	
	(Name of Contact Person		(Area Code)	(Daytime Telephone Number)	
Enclosed is a check for the	following amount made pa	ayable to the Florida I	Department of	State:	
■ \$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status		Certit Certif	ied Copy tional Copy is	
Mailing Amendme	Address ent Section		eet Address rendment Sect	ion	
Division of	of Corporations	Div	ision of Corp	orations	
P.O. Box	6327	Th	e Centre of T	`allahassee	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## Articles of Amendment to Articles of Incorporation of

CAMINO DE FE CHURCH INC

Name of Corporation as currently filed with the F	lorida Dept. of State)	
N21000009928		
(Documen	nt Number of Corporation	(if known)
Pursuant to the provisions of section 617.1006, Florid amendment(s) to its Articles of Incorporation:	ia Statutes, this <i>Florida N</i>	ot For Profit Corporation adopts the following
A. If amending name, enter the new name of the c	orporation:	
N/A		The new
name must be distinguishable and contain the word " "Company" or "Co." may not be used in the name.	corporation" or "incorpo	orated" or the abbreviation "Corp." or "Inc."
B. Enter new principal office address, if applicabl	e: N/A	
(Principal office address <u>MUST BE A STREET AD</u>		
C. Enter new mailing address, if applicable:	<b>N</b> 1/A	
(Mailing address MAY BE A POST OFFICE BO	<u>DX</u> ) N/A	
	<del></del>	The second second
	-	
D. If amending the registered agent and/or register		orida, enter the name of the
new registered agent and/or the new registered		E.S. Li
Name of New Registered Agent:	!/A 	HA SI
		(**
Vary Beginsoned Office, Address		(Florida street address)
<u>New Registered Office Address:</u>	/A	
-		, Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if changing Re		
I hereby accept the appointment as registered agent.	I am familiar with and a	ccept the obligations of the position.
	NA	
<del>-</del>	Signature of New R	legistered Agent, if changing
	5.5 vj 1.c. 1	remitted the time is enoughing

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) × Change Add	VP	Levanes Lacosta	4275 Amari Rd North Port, FL 34291
Remove 2) × Change Add	<u>s</u>	Omar Sanchez	4275 Amari Rd North Port, FL 34291
Remove 3 ) Change Add Remove			
4) Change Add			
Remove  5) Change Add			
Remove 6) Change Add			
E. If amending or addin (attach additional shee		nal Articles, enter change(s) here: ssary). (Be specific)	

The date of each amendment(s) adoption:    St20/21		•	
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			
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(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	Effective date if applicables	8/20/21	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the	Enective date in applicable;	(no more than 90 days after amendment file a	late)
	Note: If the date inserted in the document's effective date on t	is block does not meet the applicable statutory filing requ	

(CHECK ONE)

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

Adoption of Amendment(s)

was/were sufficient for approval.

	8/26/21
Dated	
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)
	Yuri Racosta
	(Typed or printed name of person signing)
	CFO
	(Title of person signing)