706189

(Requestor's Name)
(Address)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Busiless Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



800331990298

07/23/13--01020--023 **43.75

19 JUL 29 AM IO: 13

AND OS CONTRACTOR

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATIO	N:	CIONAL SION AS.	AMBLEAS DE	E DIOS, INC.
DOCUMENT NUMBER: _	06189			
The enclosed Articles of Ame	ndment and fee are subm	itted for filing.		
Please return all corresponder	ce concerning this matter	to the following:		
WALTER ARIAS				
	(Name of Contact Pe	erson)	
CENTRO INTERNACIONA	L SION ASAMBLEAS I	DE DIOS, INC.		
		(Firm/ Company	')	
2521 BISCAYNE BLVD.				
		(Address)		
MIAMI, FL 33137				
		City/ State and Zip (Code)	
iglesion@bellsouth.net				
E-	nail address: (to be used	for future annual rep	ort notification)
For further information conce	ming this matter, please o	all:		
WALTER ARIAS		at	305	389-4722
()	Name of Contact Person)	_ 	(Area Code)	(Daytime Telephone Number)
Enclosed is a check for the for	lowing amount made pay	able to the Florida I	Department of S	State:
□ \$35 Filing Fee	■\$43.75 Filing Fee & C Certificate of Status	S43.75 Filing Fee Certified Copy (Additional copy is enclosed)	Certifi S Certifi	Filing Fee cate of Status ed Copy ional Copy is sed)
Mailing Ad	dress	Str	eet Address	

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

CENTRO INTERNACIONAL SION ASAMBLEAS DE DIOS, INC.

(Name of Corporation	as current	ly filed with	the Florida Dept. of	f State)		
706189				. <u>-</u>		
(Docum	ient Numbe	er of Corporati	ion (if known)			
Pursuant to the provisions of section 617.1006, Floramendment(s) to its Articles of Incorporation:	ida Statutes	s, this <i>Florida</i>	Not For Profit Cor	poration adopts the	he follov	wing
A. If amending name, enter the new name of the	corporation	<u>on:</u>				
N/A					The .	new
name must be distinguishable and contain the word "Company" or "Co." may not be used in the name		ion" or "inco	rporated" or the abl	breviation "Corp.		
B. Enter new principal office address, if applical (Principal office address MUST BE A STREET A.)		N/A				
Trincipal office dadress <u>MOST DLASTREETA.</u>	<u>1717KL33</u>)		<u> </u>			
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE I	<u> 30X</u>)	N/A				
D. If amending the registered agent and/or regis			Florida, enter the n	ame of the		
new registered agent and/or the new register	ed office ac	<u>ldress;</u>			19	
Name of New Registered Agent:	N/A			<u> </u>	<u>ح</u>	
					دی	:
W			(Florida street ade	dress)		
New Registered Office Address:				;		-
	N/A			, Florida 🏯 🔁		ر
		(City)		, Florida <u>~~~~</u> (Zip Çode)	6 0	_
New Registered Agent's Signature, if changing R hereby accept the appointment as registered agent			l accept the obligation	ons of the position	1.	
_	Sis	znature of Nev	w 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, an 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>V</u> <u>Mil</u>	nn Doe ke Jones ly Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) X Change	PD	WALTER ARIAS	2560 SW 27TH AVE
Add			PH 3
Remove			MIAMI, FL 33133
2) X Change	D	DUARTE MERCEDES	1760 NW 7 ST
			APT 604
Remove			MIAMI, FL 33125
3) X Change	D	ARGENTINA RIVAS	7786 W 34 LN 💝 🔀
Add			#201 T
Remove			HIALEAH, FL 33018
4) X Change	ST	JORGE RODRIGUEZ	423 NE 23 ST
Add			APT 802
Remove			MIAMI, FL 33137
5) Change			
Add			<u> </u>
Remove			
6) Change			
Add			
Remove			

E. If amending or adding additional Art (attach additional sheets, if necessary).	(Be specific)	<u>e</u> :				
N/A	<u> </u>					
				 		
					-	
						
<u> </u>						
	_					
		-				
				•		
		 	···			<u>-</u>
		<u> </u>				
				_		
			·····			
						_
				_		
	_ 			<u> </u>	- 19	
			_	÷:,		<u></u>
					. 2g	
			 -	_ •	ÁM O: Is	<u>ئ</u> وسىد ئوسىد
				9 j	490	<u> </u>
<u> </u>			_			<u>-</u>

	date of each amendme		, if other than the
	this document was sign ective date <u>if applicable</u>	AUGUST THE 1ST, 2019	
-3		(no more than 90 days after amendment file date)	
		this block does not meet the applicable statutory filing requirements, this date will in the Department of State's records.	not be listed as the
Add	option of Amendment(s	(<u>CHECK ONE</u>)	
	The amendment(s) was was/were sufficient for	Were adopted by the members and the number of votes cast for the amendment(s) approval.	
	There are no members adopted by the board of	or members entitled to vote on the amendment(s). The amendment(s) was/were of directors.	
	JU Dated	LY THE 19TH, 2019	
	Signature	Cialanta	
	hav	the chairman or vice chairman of the board, president or other officer-if directors e not been selected, by an incorporator – if in the hands of a receiver, trustee, or er court appointed fiduciary by that fiduciary)	
	,	WALTER ARIAS	
	-	(Typed or printed name of person signing)	
	ı	PRESIDENT DIRECTOR	19
	_	(Title of person signing)	TI E