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SECRETARY OF STATE

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION:	I GLESIA	CRISTIANA	REDENCION INC
DOCUMENT NUMBER:	73900	3	
The enclosed Articles of Amenda	ment and fee are sub	mitted for filing.	
Please return all correspondence	concerning this matt	er to the following:	
CH	Name of Contact	ALDERON	
	(Name of Contact	Person)	
-	·		
	(Firm/ Compa	ny)	
P	0. 0. BU (Address)	X 574	1572
<u></u>	(Address)		
ORL.	ANDO, F	-L 321	857
***************************************	(City/ State and Zip	Code)	
For further information concerning	ng this matter, please	call:	
CARMEN (Name of Contact Per	CALDERON	at (402) 1	182-5169
(Name of Contact Per	rson)	(Area Code & Day	ytime Telephone Number)
Enclosed is a check for the follow	ving amount:		
□\$35 Filing Fee □\$43.75 Certif	icate of Status Cert (Ad	tified Copy ditional copy is closed) (S52.50 Filing Fee Certificate of Status Certified Copy Additional Copy s enclosed)
Mailing Address Amendment Section Division of Corpora P.O. Box 6327 Tallahassee, FL 323	ntions	Street Addre Amendment S Division of Co Clifton Buildin 2661 Executiv Tallahassee, F	ection orporations ng e Center Circle

Articles of Amendment to Articles of Incorporation

NC. DOBO MA OR ST. 20 S CRISTIANA (Name of corporation as currently filed with the Florida Dept. of State) 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: **NEW CORPORATE NAME (if changing):** ADORACION EMANUEL (must contain the word "corporation," "incorporated," or the abbreviation "corp." or "inc." or words of like import in language; "Company" or "Co." may not be used in the name of a not for profit corporation) AMENDMENTS ADOPTED- (OTHER THAN NAME CHANGE) Indicate Article Number(s) and/or Article Title(s) being amended, added or deleted: (BE SPECIFIC)

> (Attach additional pages if necessary) (continued)

The date of ado	ption of the ame	endment(s) was:	NOV	ZMBER	18,20	07
Effective date if		(no more than 90 d	ARY.	01,20	<u>10</u> 8	
Adoption of Am	endment(s)	(CHECK O	<u>NE</u>)			
/ -	, ,	s (were) adopted s sufficient for ap	•	ers and the nu	mber of votes ca	st
		or members entitere) adopted by the			ent. The	
Signature					,	
	have not been selec	vice chairman of the sted, by an incorporated fiduciary, by that fi	or- if in the han			
		PRHEN ed or printed name of			<u>/</u>	
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		(Title of person sign	inal			

FILING FEE: \$35