## L17000146566

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone #	)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Name)	)
(Do	cument Number)	
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## **COVER LETTER**

TO:	Registration Sc Division of Cor			
CHEN		EOLOGICO INTERNATION	AL WESLEYAN, LLC	
SUBJI	ECT:	Name of Lim	ited Liability Company	<del></del>
The en	nclosed Articles of a	Amendment and fee(s) are sub-	mitted for filing.	
Please	return all correspo	ndence concerning this matter	to the following:	
		CLAUDIA MIRANDA		
			Name of Person	
		<del></del>	Firm/Company	
		250 SW 12TH AVE.		
			Address	
		DEERFIELD BCH., FLOR	RIDA 33442	
			City/State and Zip Code	
		JAYLEAN2002@YAHOO.		
		E-mail address: (	to be used for future annual report notifi-	cation)
For fu	rther information co	oncerning this matter, please ca	all:	
CLAU	JDIA MIRANDA		954 <b>2</b> 45-6148	
	Name of	Person	at () Area Code Daytime	Telephone Number
Enclos	sed is a check for th	e following amount:		
□ <b>\$</b> 2	5.00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

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

STREET/COURIER ADDRESS:

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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CENTRO TEOLOGICO INTERNATIONAL WESLEYAN, LLC.

(Name of the Limited Liability Comps (A Florida Limited	iny as it now appears on our records. Liability Company)	)
The Articles of Organization for this Limited Liability Company Florida document number L17000146566	were filed on <u>07/10/2017</u>	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	pility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	6800 39TH AVE., LOT 238	
(Principal office address MUST BE A STREET ADDRESS)	COCONUT CREEK, FL 33073	
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)  B. If amending the registered agent and/or registered o		enter the name of the
registered agent and/or the new registered office address her	<u>:e</u> :	EA L
Name of New Registered Agent:		7 11
New Registered Office Address:		3 S S S S S S S S S S S S S S S S S S S
	Enter Florida street address, Flo	rida 💍 🔭
New Registered Agent's Signature, if changing Registered Agent:	•	Zip Code
I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete		• • • • • • • • • • • • • • • • • • • •

If Changing Registered Agent, Signature of New Registered Agent

accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address. I hereby confirm that the limited liability

company has been notified in writing of this change.

## If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	EDISON TANIA	6800 39TH AVE. LOT 238	
		COCONUT CREEK	
		FLORIDA 33073	■ Change
			Remove
			Change
			Remove
			□ Change
		<del></del>	□ Add
			Remove
			□ Change
		<del></del>	Add
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assing data if ather than the date of filings	(optional)
ective date, if other than the date of filing:  n effective date is listed, the date must be specific and cannot be prior to date of filing of	or more than 90 days after filing.) Pursuant to 60
te: If the date inserted in this block does not meet the applicable statutory frament's effective date on the Department of State's records.	filing requirements, this date will not be lis
anem series we date on the repartment of state s records.	
record specifies a delayed effective date, but not an effective	ve time, at 12:01 a.m. on the earl
The 90th day after the record is filed.	re time, at 12.01 a.m. on the can
<u>.</u>	
Cludia / Miranda  Cludia / Miranda  Typed or printed name of signe	

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Filing Fee: \$25.00