

N00000008390

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(City/State/Zip/Phone #)

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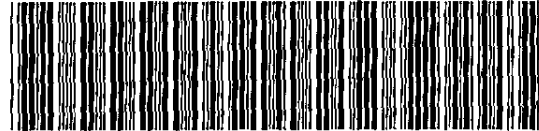
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2

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Iglesia Ciudad de Restauracion (Restoration City Ministries) Inc.

DOCUMENT NUMBER: N00000008390

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Jorge Emmanuelli

(Name of Contact Person)

Restoration City Ministries

(Firm/ Company)

375 Aylesbury ct.

(Address)

Kissimmee FL 34758-4233

(City/ State and Zip Code)

For further information concerning this matter, please call:

Jorge Emmanuelli

(Name of Contact Person)

at (407) 791-1743

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- | | | | |
|---|--|---|--|
| <input checked="" type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee & Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed) | <input type="checkbox"/> \$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed) |
|---|--|---|--|

Mailing Address

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

Street Address

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

(Attach additional pages if necessary)
(continued)

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s) Ingham

The date of adoption of the amendment(s) was: 01/01/2006

Effective date if applicable: _____
(no more than 90 days after amendment file date)

Adoption of Amendment(s) (CHECK ONE)

- ☐ The amendment(s) was (were) adopted by the members and the number of votes cast for the amendment was sufficient for approval.
- ☒ There are no members or members entitled to vote on the amendment. The amendment(s) was (were) adopted by the board of directors.

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.)

Jorge Emmanuelli

(Typed or printed name of person signing)

President

(Title of person signing)

FILING FEE: \$35