NOI OCCCC1533

(Requ	uestor's Name)	
(Addi	ress)	
(Addr	ress)	
(City/	State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Busi	ness Entity Nar	ne)
(Doce	ument Number)	· · · · · · · · · · · · · · · · · · ·
Certified Copies	Certificates	s of Status
Special Instructions to Fi	ling Officer:	

Office Use Only



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C GOLDEN MAY - 8 2019

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION	Auditorium of Prayer	r and Worship Inc.			
	59-3697380				
DOCUMENT NUMBER:					
The enclosed Articles of An	nendment and fee are subn	nitted for filing.			
Please return all corresponde	ence concerning this matte	r to the following:			
Mildred Cortes					
· · · · · · · · · · · · · · · · · · ·	.	(Name of Contact I	Person)		
Auditorium of Prayer and V	Vorship Inc.				
		(Firm/ Compar	ny)	 -	•
PO BOX 451667					
		(Address)			
Kissimmee, Fl 34745					
		(City/ State and Zip	Code)		
mildredapw@aol.com					
	-mail address: (to be used	for future annual re	eport notification	on)	
For further information conc	erning this matter, please	call:			
Gabriela Brizuela		a	407 at	967-8861	
	(Name of Contact Person)		(Area Code)	(Daytime Telep	hone Number)
Enclosed is a check for the t	following amount made page	yable to the Florida	Department of	f State:	
☐ \$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fe Certified Copy (Additional copy enclosed)	Certi ris Certi (Add	50 Filing Fee ificate of Status ified Copy litional Copy is losed)	

Mailing Address

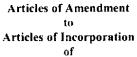
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address

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

FILED

2019 APR 25 PM 3: 50



	ida Dept. of State)	
er of Corporation (if kr	nown)	
s, this <i>Florida Not Fo</i>	r Profit Corporation adopts the following	
on:		
	The new	
ion" or "incorporated	" or the abbreviation "Corp." or "Inc."	
1046 Plaza Dr.		
Kissimmee, FL 3474	3	
PO BOX 451667		
Kissimmee, FL 34745		
e address in Florida,	enter the name of the	
ddress:		
(Flo	orida street address)	
	, Florida	
(City)	(Zip Code)	
Agent:		
niliar with and accept	the obligations of the position.	
	s, this Florida Not Formula No	

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	PT John Do V Mike Jo SV Sally Sr	ones	
Type of Action (Check One)	Title	Name	Address
1) Change			
Add			
Remove			
2) Change			
Add			
Remove			
3) Change			

Add			
Remove			
4) Change			
Add			
Remove			
5) Change	No. 17 The Late Control of the Contr		
Add			
Remove			

ttach additional sheets, if necessary).	(Be specific)				
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*					

The date of	each ame	ndment(s) adoption:	_, if other than the
date this doc	cument was	signed.	
Effective da	ite if appli	03/20/2019 cable:	
		(no more than 90 days after amendment file date)	
		ted in this block does not meet the applicable statutory filing requirements, this date will not bate on the Department of State's records.	e listed as the
Adoption o	f Amendm	ent(s) (<u>CHECK ONE</u>)	
) was/were adopted by the members and the number of votes cast for the amendment(s) at for approval.	
		bers or members entitled to vote on the amendment(s). The amendment(s) was/were ard of directors.	
	Dated	03/20/2019	
	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)	
		Mildred Cortes	
		(Typed or printed name of person signing)	
		Chairman	
		(Title of person signing)	