NO1000006526

(Re	equestor's Name)	
(Ad	(dress)	
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(Cit	ty/State/Zip/Phone	#)
		_
PICK-UP	WAIT	MAIL
(Bu	isiness Entity Name	e)
(Do	ocument Number)	
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Certified Copies	_ Certificates of	of Status
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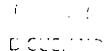


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COVER LETTER

TO: Amendment Section Division of Corporations

Tallahassee, FL 32314

CENTRO EVA	ANGELISTICO LA	ATINOAMEI	RICANO,	INC.		
DOCUMENT NUMBER:			·			
The enclosed Articles of Amendment and fee ar	e submitted for fili	ng.				
Please return all correspondence concerning this	s matter to the follo	owing:				
	DR. NESTO	R G. KOST				
	(Name of Co	ontact Person)			
	(Firm) (Company)	 			
	(דווווי כ	.ompany)				
	(Ad	dress)				<u> </u>
	P.O. BOX 66937	1 MIAMI, F	L. 33166		; 7	202
	(City/ State a	and Zip Code	7)			1
E-mail address: (to b	e used for future ar	mual report r	otificatio	n)		<u>დ</u>
For further information concerning this matter, p	please call:					EM II: 54
DR. NESTOR G. KOST		(78) at	5)	488-3044	,	₹. ©
(Name of Contact P	'erson)		ea Code)	(Daytime Tek	ephone N	lumber)
Enclosed is a check for the following amount m	ade payable to the	Florida Depa	rtment of	State:		
■ \$35 Filing Fee □\$43.75 Filing Fe Certificate of St		Copy al copy is	Certif Certif	icate of Status ied Copy tional Copy is		
Mailing Address Amendment Section Division of Corporations P.O. Box 6327		Amend Divisio	Address ment Sect n of Corpo entre of T			

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

CENTRO EVANGELISTICO LATINOAMERICANO, INC.

(Name of Corporation as currently filed with the Florid	la Dept. of State)	
	N01000006526	
(Document Nu	mber of Corporation (if known)	
Pursuant to the provisions of section 617.1006, Florida Sta amendment(s) to its Articles of Incorporation:	tutes, this Florida Not For Profi	t Corporation adopts the following
A. If amending name, enter the new name of the corpo	ration:	The new
name must be distinguishable and contain the word "corpo" "Company" or "Co." may not be used in the name.	oration" or "incorporated" or th	
B. Enter new principal office address, if applicable:	N/A	
(Principal office address <u>MUST BE A STREET ADDRES</u>	<u></u>	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	NA/	
(managatanas <u>managatanas managatanas mana</u>		1022
D. If amending the registered agent and/or registered o	office address in Florida, enter	the name of the
new registered agent and/or the new registered offic	e address:	the name of the
Name of New Registered Agent:	N/A	 •• • El
		; +
New Registered Office Address:	(Floridu str	vet address)
		. Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if changing Register I hereby accept the appointment as registered agent. I am		igations of the position.
	Signature of New Registered Ag	ent, if changing

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		Doe Jones Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change Add	<u>T</u>	REV. FERMIN I. CASTANEDAS	7775 Tatum Waterway Dr. #7 Miami Beach, Fl. 33141
Remove			
2) Change Add			
Remove 3) Change Add Remove			
4) Change Add			
Remove			
5) Change Add			
Remove			
6) Change Add			
Remove			
E. If amending or addin (attach additional shee		rticles, enter change(s) here: . (Be specific)	
N/A			
			

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The date of each amendment(s) adoption: 6/30/2022 date this document was signed.	, if other than th
Effective date <u>if applicable</u> :	
Effective date <u>if applicable</u> : (no more than 90 days after amendment fi	e date)

The amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s) was/were sufficient for approval.

(CHECK ONE)

Adoption of Amendment(s)

Dated	6/30/2022
Signatu	(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)
	DR. NESTOR G. KOST
	(Typed or printed name of person signing)

(Title of person signing)