N02000001062

•		
(Req	juestor's Name)	
(Add	lress)	
(, , , , ,		
(Add	lress)	
(City	/State/Zip/Phone	e #)
	·	
PICK-UP	☐ WAIT	MAIL
	_	
(Bus	iness Entity Nar	ne)
(Doc	ument Number)	
(500)		
/	/	
Certified Copies	Certificates	of Status
_		
		-
Special Instructions to F	iling Officer:	
		•





600188927566

12/27/10--01032--004 **43.75

AmryM

10 DEC 27 PM 1: 29
SECRETARY OF STATE
TALL AHASSEE FLOSION

" Roberto DEC 29 2010

CÚVER LE LLER

TO: Amendment Section
Division of Corporations

NAME OF CORP	ORATION: Centro Cristi	ano Oasis de Bendicion	, Inc.
DOCUMENT NU	MBER: #N020000106	2	
The enclosed Article	les of Amendment and fee are s	ubmitted for filing.	
Please return all con	Tespondence concerning this m	atter to the following:	
		Lucy Lugo of Contact Person)	
	· (rume	or contact i cisony	
	(Fi	rm/ Company)	
	1215 P	easant Oaks Ct.	
·	i	(Address)	
		ee, Florida 34741 ate and Zip Code)	
		- ,	
	Il-belove E-mail address: (to be us	ed@hotmail.con ed for future annual report notific	ation)
For further informati	on concerning this matter, plea	-	·
CARLOS CLASS	;	at (407) 715-935	7
(Name	of Contact Person)	(Area Code & Daytin	ne Telephone Number)
Enclosed is a check f	or the following amount made	payable to the Florida Department	of State:
□\$35 Filing Fee	☐ \$43.75 Filing Fee & Certificate of Status	☑ \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 Filing F Certificate of Syn Certified Copy (Additional Copy
Amen Divisi P.O. E	ng Address Idment Section Idment Sec	Street Address Amendment Section Division of Corp Clifton Buildin 2661 Execut Tallah	

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Centro Cristiano Oasis de Bendicion, Inc.			
DOCUMENT NUM	BER: #N0200001062		
The enclosed Articles	of Amendment and fee are subm	nitted for filing.	
Please return all corre	spondence concerning this matte	r to the following:	
	l ua	ey Lugo	
 		Contact Person)	·
	(Firm/	Company)	
	1215 Plea	sant Oaks Ct.	
	(A	ddress)	
	Kissimmee.	Florida 34741	
	 	and Zip Code)	
	II-beloved	@hotmail.con for future annual report notification	ation)
For further information	n concerning this matter, please		
CARLOS CLASS		at (407) 715-935	
(Name	of Contact Person)	(Area Code & Daytin	ne Telephone Number)
Enclosed is a check for	or the following amount made pay	yable to the Florida Department	t of State:
\$35 Filing Fee	☐ \$43.75 Filing Fee & Certificate of Status	☑ \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 Fire Certificating Fee Certific of Status Additional Copy
Amen Divisi P.O. B	ng Address dment Section on of Corporations ox 6327 assee, FL 32314	Street Address Amendment Section Division of Corp Clifton Building 2661 Executive Tallab Center Contacts iassee, FL 32301	is enclosed)

Articles of Amenument

to

Articles of Incorporation

of

CENTRO CRISTIA	ANO OASIS [DE BENDICION		and the
(Name of Corporation as cu	rrently filed with	the Florida Dept. of S	State) 10 nso	
# N	02000001062	2	10 DEC 27	**************************************
(Document N	lumber of Corporat	ion (if known)	10 DEC 27 P	H 1:29
(Document N Pursuant to the provisions of section 617.100 the following amendment(s) to its Articles of	06, Florida Statutes f Incorporation:	, this <i>Florida Not For</i> -	Profit Corporation scopes	STATE
A. If amending name, enter the new name	of the corporation	n:		
OASIS W	ORSHIP CENT	ER INC.		
The new name must be distinguishable and abbreviation "Corp." or "Inc." <u>"Company</u> "			ncorporated" or the	
B. Enter new principal office address, if applicable; (Principal office address MUST BE A STREET ADDRESS)		3265 S.JOHN YOUNG PARKWAY		
		KISSIMMEE,FLORIDA 34741		
C. Enter new mailing address, if applicable (Mailing address MAY BE A POST OF)		1215 PLEASANT	OAKS CT.	•
		KISSIMMEE FLO	RIDA	
		34741		
D. If amending the registered agent and/onew registered agent and/or the new re			nter the name of the	
Name of New Registered Agent:		N/A		
New Registered Office Address:	(Flori	da street address)		
		N/A	, Florida	
		(City)	(Zip Code)	
New Registered Agent's Signature, if change the hereby accept the appointment as register position.			ept the obligations of the	
_	Signature of New	Registered Agent, if ch	nanging	

Page 1 of 3

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) Title <u>Name</u> Address **Type of Action** N/A _ 🔲 Add ☐ Remove ☐ Remove E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific) N/A

The date of each amendment(s) a	doption: DECEMBER 07,2010
	(date of adoption is required)
Effective date <u>if applicable</u> :	
	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/were ad was/were sufficient for approval	opted by the members and the number of votes cast for the amendment(s).
There are no members or members adopted by the board of director	pers entitled to vote on the amendment(s). The amendment(s) was/were rs.
Dated_DECEM	BER 07,2010
Signature (relos Class
(By the	chairman or vice chairman of the board, president or other officer-if directors
	t been selected, by an incorporator - if in the hands of a receiver, trustee, or
other co	urt appointed fiduciary by that fiduciary)
	CARLOS CLASS
	(Typed or printed name of person signing)
	DIRECTOR
	(Title of person signing)

Page 3 of 3