

NO20000001691

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

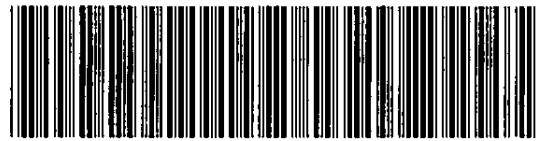
(Business Entity Name)

(Document Number)

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04/13/09--01032--001 **43.75

FILED
2009 APR 28 AM 9:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Amend
TB 4-29-09

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Nueva Vida/New Life Inc.

DOCUMENT NUMBER: N02000001691

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

Please return all correspondence concerning this matter to the following:

John Argudo
(Name of Contact Person)

Nueva Vida/New Life Inc.
(Firm/ Company)

4320 S. Congress Avenue
(Address)

Lake Worth, FL 33461
(City/ State and Zip Code)

For further information concerning this matter, please call:

John Argudo at (772) 579-1300
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount made payable to the Florida Department of State:

- | | | | |
|--|--|--|--|
| <input type="checkbox"/> \$35 Filing Fee | <input checked="" 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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 15, 2009

JOHN ARGUDO
NUEVA VIDA/NEW LIFE INC.
4320 S CONGRESS AVE
LAKE WORTH, FL 33461

SUBJECT: NUEVA VIDA/NEW LIFE INC.
Ref. Number: N02000001691

We have received your document for NUEVA VIDA/NEW LIFE INC. and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document you submitted has been prepared pursuant to profit statutes (chapter 607, Florida Statutes). As the entity was originally filed as a nonprofit corporation, this document should be filed pursuant to chapter 617, Florida Statutes.

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6925.

Teresa Brown
Regulatory Specialist II

Letter Number: 709A00012716

RECEIVED
2009 APR 28 AM 8:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Articles of Amendment
to
Articles of Incorporation
of

FILED
2009 APR 28 AM 9:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Nueva Vida/New Life Inc.

(Name of Corporation as currently filed with the Florida Dept. of State)

N02000001691

(Document Number of Corporation (if known))

Pursuant to the provisions of section 617.1006, Florida Statutes, this *Florida Not For Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

A. If amending name, enter the new name of the corporation:

The new name must be distinguishable and contain the word "corporation" or "incorporated" or the abbreviation "Corp." or "Inc." "Company" or "Co." may not be used in the name.

B. Enter new principal office address, if applicable:
(Principal office address **MUST BE A STREET ADDRESS**)

4320 S. Congress Avenue

Lake Worth, FL 33461

C. Enter new mailing address, if applicable:
(Mailing address **MAY BE A POST OFFICE BOX**)

4320 S. Congress Avenue

Lake Worth, FL 33461

D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:

Name of New Registered Agent:

John Argudo

New Registered Office Address:

4455 SW Masfield St.

(Florida street address)

Port St. Lucie

(City)

Florida 34953

(Zip Code)

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.


Signature of New Registered Agent, 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)

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
<u>Pastor</u>	<u>John Argudo</u>	<u>4455 SW Masefield Street</u> <u>Port St. Lucie, FL 34953</u>	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
<u>Secret:</u>	<u>Debora Escalera</u>	<u>2208 22nd. Lane</u> <u>Greenacres, FL 33463</u>	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
<u> </u>	<u> </u>	<u> </u>	<input type="checkbox"/> Add <input type="checkbox"/> Remove
<u> </u>	<u> </u>	<u> </u>	

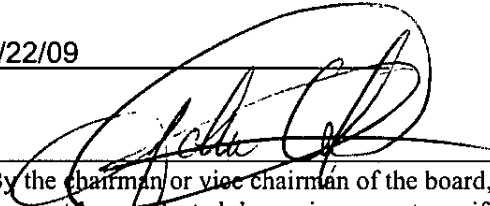
E. If amending or adding additional Articles, enter change(s) here:
 (attach additional sheets, if necessary). (Be specific)

The date of each amendment(s) adoption: 04/21/09

Effective date if applicable: 03/29/09
(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(s) was/were sufficient for approval.
- There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors.

Dated 04/22/09
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)

John Argudo
(Typed or printed name of person signing)

Pastor
(Title of person signing)