ND2DDD001794

(Reque	estor's Name)
(Addre	ss)
(Addre	ss)
(City/S	tate/Zip/Phone #)
PICK-UP	WAIT MAIL
(Busin	ess Entity Name)
(Docui	ment Number)
Certified Copies	Certificates of Status
Special Instructions to Fili	ng Officer:
,	

Office Use Only



400309386964

02/26/18--01033--006 **43.75

2018 FEB 26 PM 3: 50

Anund Manic

FEB 28 2018
I ALBRITTON

COVER LETTER

TO: Amendment Section Division of Corporations

LITTLE LAB NAME OF CORPORATION:	KE BAPTIST CHURC	H OF SOUTH FL	ORIDA, CORP.
N02000001794 DOCUMENT NUMBER:			
The enclosed Articles of Amendment and fee	are submitted for filing	:.	
Please return all correspondence concerning th	is matter to the follow	ing:	
EMANUELLE OLIVEIRA			
	(Name of Con	tact Person)	
CAPITAL SERVICES GROUP INC			
	(Firm/ Co	mpany)	
446 W HILLSBORO BLVD			
	(Addr	ess)	
BOCA RATON, FL 33441			
	(City/ State an	d Zip Code)	
EMANUELLE@THEWAYGROUP.BIZ			
E-mail address: (to	be used for future anni	sal report notificat	ion)
For further information concerning this matter.	please call:		
EMANUELLE OLIVEIRA			427.4770
(Name of Contact	Person)	(Area Code) (Daytime Telephone Number)
Enclosed is a check for the following amount r	made payable to the Flo	orida Department (of State:
□ \$35 Filing Fee ■\$43.75 Filing Certificate of		py Cer copy is Cer (Ad	50 Filing Fee tificate of Status tified Copy ditional Copy is closed)
Mailing Address		Street Address	
Amendment Section Division of Corporations		Amendment Se	

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

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

Articles of Amendment to Articles of Incorporation of

LITTLE LAKE BAPTIST CHURCH OF SOUTH FLORIDA, CORP

(Name of Corporation as curren	tly filed with the Florida Dept. of State)
N02000001794	
(Document Number	per of Corporation (if known)
Pursuant to the provisions of section 617.1006, Florida Statute amendment(s) to its Articles of Incorporation:	es, this Florida Not For Profit Corporation adopts the following
A. If amending name, enter the new name of the corporati	ion:
IGREJA DA PAZ FLORIDA INC	The new
name must be distinguishable and contain the word "corporal "Company" or "Co." may not be used in the name.	tion" or "incorporated" or the abbreviation "Corp." or "Inc."
B. <u>Enter new principal office address, if applicable:</u> (Principal office address <u>MUST BE A STREET ADDRESS</u>))
	22
C. Enter new mailing address, if applicable:	් ශ්
(Mailing address MAY BE A POST OFFICE BOX)	७ हो
	· · · · · · · · · · · · · · · · · · ·
	- ယှ
D. If amending the registered agent and/or registered offic	
new registered agent and/or the new registered office a	ddress:
Name of New Registered Agent:	
New Registered Office Address:	(Florida street address)
the state of the s	
 -	(City) , Florida (Zip Code)
	(City) (Zip Code)
New Registered Agent's Signature, if changing Registered	
I hereby accept the appointment as registered agent.—I am far	miliar with and accept the obligations of the position.
	in the AN and Designation I the AN A STATE OF THE ANALYSIS AND A STATE OF THE ANALYSIS
S_{ℓ}	ignature 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)

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 officeheld. 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 I V Mike SV Sally	Jones -	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
Change X Add Remove	VP	JOAO M. DE OLIVEIRA	4046 EASTRIGDE CIR POMPANO BEACH, FL 33064
2) ChangeX_ Add	<u>T</u>	MARCELO T. DE PAULA	9370 SW 8TH ST APT 202 BOCA RATON, FL 33428
Remove 3) Change Add			
4) Change Add			
Remove 5) Change Add			
6) Change Add			

attach additional sheets,	if necessary).	(Be specific)				
•						
•						
				· · · · · · · · · · · · · · · · · · ·		
					-	
				· · · · · ·		
-						
					<u></u>	
						
						
						
						
					·	
				· · ·		
						

	e date of each amendment(s) adoption: $\frac{2/14/2018}{2/14/2018}$ this document was signed.	, if other than the
Effe	(no more than 90 days after amendment file date)	
	te: If the date inserted in this block does not meet the applicable statutory filing requirements, this ument's effective date on the Department of State's records.	date will not be listed as the
Ado	option of Amendment(s) (<u>CHECK ONE</u>)	
	The amendment(s) was/were adopted by the members and the number of votes cast for the amendwas/were sufficient for approval.	iment(s)
	There are no members or members entitled to vote on the amendment(s). The amendment(s) was adopted by the board of directors.	i/were
	Dated O2/13/2018 Signature ADM	
	(By the chairman or vice chairman of the board, president or other officer-if di have not been selected, by an incorporator – if in the hands of a receiver, trust other court appointed fiduciary by that fiduciary)	
	DELANA, JOUBERTO	
	(Typed or printed name of person signing)	
	PD	
	(Title of person signing)	