

ND2000007147

(Requestor's Name)

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☐ PICK-UP

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(Business Entity Name)

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FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
JUL 15 PM 12:45

Amend/cc
@ 7/15/10

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Iglesia Centro Crist. And MAHANAIM, INC.

DOCUMENT NUMBER: N02000007147

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

Please return all correspondence concerning this matter to the following:

REYNA GARCIA

(Name of Contact Person)

(Firm/ Company)

6194 WACOWCONDA WAY West

(Address)

LAKE WORTH, FL 33463

(City/ State and Zip Code)

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

REYNA GARCIA

(Name of Contact Person)

at (561) 856-1528

(Area Code & Daytime Telephone Number)

Enclosed is a check for 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)

☒ \$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

July 6, 2010

REYNA GARCIA
6194 WACOVNDA
LAKE WORTH, FL 33463

SUBJECT: IGLESIA CENTRO CRISTIANO MAHANAIM, INC
Ref. Number: N02000007147

We have received your document for IGLESIA CENTRO CRISTIANO MAHANAIM, INC and your check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

You failed to make the correction(s) requested in our previous letter.

You failed to sign the document.

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) 245-6964.

Irene Albritton
Regulatory Specialist II

Letter Number: 210A00016316

RECEIVED
2010 JUL 15 AM 8:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 11, 2010

REYNA GARCIA
6194 WAVCONDA WAY WEST
LAKE WORTH, FL 33463

SUBJECT: IGLESIA CENTRO CRISTIANO MAHANAIM, INC
Ref. Number: N02000007147

We have received your document for IGLESIA CENTRO CRISTIANO MAHANAIM, INC and your check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must have original signatures.

YOU FAILED TO SIGN THE DOCUMENT IN THE SPACES PROVIDED.

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) 245-6964.

Irene Albritton
Regulatory Specialist II

Letter Number: 210A00014498

Articles of Amendment
to
Articles of Incorporation
of

Iglesia Centro Cristiano Mahanaim, Inc.
(Name of Corporation as currently filed with the Florida Dept. of State)

NO2000007147
(Document Number of Corporation (if known))

FILED STATE
SECRETARY OF FLORIDA
TALLAHASSEE, FLORIDA
18 JUL 15 PM 12:45

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**)

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

6194 WAUCONDA WAY WEST
LAKE WORTH, FL 33463

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:

REYNA GARCIA

New Registered Office Address:

6194 WAUCONDA WAY WEST

(Florida street address)

LAKE WORTH, FL
(City)

Florida FL 33463
(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

(Attach additional sheets, if necessary)

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

(Attach additional sheets, if necessary)

☐ Add
☐ Remove

(attach additional sheets, if necessary). (Be specific)

[illegible]

The date of each amendment(s) adoption: • 5/11/10

Effective date if applicable: • 5/11/10
(date of adoption is required)
(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 6/2/10

Signature [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)

Reyna Garcia
(Typed or printed name of person signing)

Director
(Title of person signing)