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### **COVER LETTER**

(Firm/ Company)
1793 West 37 street 2nd floor
(Address)
Hiallan, FL 33012
(City/ State and Zip Code)
Widneterna 2 aol-com E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Lizbeth M. Mendez	_at(_305	557-7725
(Name of Contact Person)	(Area Co	de & Daytime Telephone Number)

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

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

## Articles of Amendment to Articles of Incorporation

Ai uci	cs of incorporation	24
	of	(FB 24
	ida Eterna, Inc	. ```
(Name of Corporation as curren	ntly filed with the Florida Dept. of S	State)
N0300000-	1555	
(Document Numb	per of Corporation (if known)	
Pursuant to the provisions of section 617.1006, Fig. to its Articles of Inc.		Profit Corporation adopts
A. If amending name, enter the new name of the second seco	the corporation:	
The new name must be distinguishable and conubbreviation "Corp." or "Inc." "Company" or	ntain the word "corporation" or "in "Co." may not be used in the name.	ecorporated" or the
B. <u>Enter new principal office address, if appli</u> Principal office address <u>MUST BE A STREET</u>		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	<u>E BOX</u> )	
). If amending the registered agent and/or reg		nter the name of the
new registered agent and/or the new register	ered office address:	
Name of New Registered Agent:	NA	
New Registered Office Address:	(Florida street address)	
		, Florida
_	(City)	(Zip Code)
lew Registered Agent's Signature, if changing hereby accept the appointment as registered a osition.		ept the obligations of the
	NIA	
Sig	nature of New Registered Agent, if ch	uanging
· · ·		• • • •

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 Title <u>Name</u> <u>Address</u> Type of Action ☐ Add ☐ Remove ☐ Remove ☐ Remove E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific) dding Article number Thirteenth See attached document.

Amendment to

Articles of Incorporation of the undersigned, a majority of whom are citizens of the United States, desiring to form a Non-Profit Corporation under the Non-Profit Corporation Law of State of Florida, do hereby certify:

First: The name of the Corporation shall be Iglesia La Vida Eterna, Inc. as stated in original filling

**Second:** The place in this state where the principal office of the Corporation is to be located is the City of Hialeah, Miami-Dade County. 1793 West 37th Street Unit 2 Hialeah, Florida 33012

**Third:** Said Organization is organized exclusively for charitable, religious, educational, and scientific purposes, including, for such purposes, the making of distributions to organizations that qualify as exempt organizations under section 501(c)(3) of the Internal Revenue Code, or the corresponding section of any future federal tax code.

Fourth: The names and addresses of the persons who are the initial trustees of the corporation are as follows:

#### Names:

Mendez, Lizbeth M. (Director)

Address: 8202 NW 98 Street Apt.203 Hialeah

Gardens Fl. 33016

Mendez, Rafael A. (Director)

Gardens, Fl. 33016

Address: 8202 NW 98 Street Apt.203 Hialeah

Gonzalez, Lourdes (Secretary)

Florida 33125

Address: 1405 NW 17 Street Apt. 416 Miami,

Thirteenth: Upon the dissolution of the corporation, assets shall be distributed for one or more exempt purposes within the meaning of section 501(c)(3) of the Internal Revenue Code, or the corresponding section of any future federal tax code, or shall be distributed to the federal government, or to a state or local government, for a public purpose. Any such assets not so disposed of shall be disposed of by a Court of Competent Jurisdiction of the county in which the principal office of the corporation is then located, exclusively for such purposes or to such organization or organizations, as said Court shall determine, which are organized and operated exclusively for such purposes.

### AN OATH OR AFFIRMATION:

STATE OF FLORIDA COUNTY OF THE
Sworn to (or affirmed) and subscribed before me this day of, 20_//, by (Mendez, Lizbeth M.). In witness whereof, we have hereunto subscribed our names
this of day April (1996) (Signature of Notary Public-State of Florida Notary Assn.  (Signature of Notary Public-State of Florida)
(Signature of Notary Public-State of Florida)  (NOTARY SEAL)  (Name of Notary Typed, Yamile Jimenez-Soto)
Personally Known Produced Identification Type of Identification Produced

,

The date of each amendment(s) adoption:	+lbrury 13, 2011
Effective date <u>if applicable</u> :	(date of adoption is required)
	nore than 90 days after amendment file date)
Adoption of Amendment(s)	CHECK ONE)
The amendment(s) was/were adopted by was/were sufficient for approval.	the members and the number of votes cast for the amendment(s)
There are no members or members entitl adopted by the board of directors.	ed to vote on the amendment(s). The amendment(s) was/were
Dated 2 13	16 1 10 11
Signature	ath he rundy
	or vice chairman of the board, president or other officer-if directors ected, by an incorporator — if in the hands of a receiver, trustee, or
	ited fiduciary by that fiduciary)
 ا	ebeth M. Mendez
	Typed or printed name of person signing)
(	Typed or printed name or person signing,
<u> </u>	Director Vice President (Title of person signing)
	(Title of person'signing)