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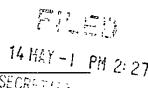
## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPORATION: T.C./FS/A	EN MANO	S NEL ALFARERO
NAME OF CORPORATION: <u>I G-LESIA</u> MINISTER	10 DE CAPE	LANIA, INC
DOCUMENT NUMBER: NO 3000		•
DOCUMENT NUMBER:	0 106 11	
The enclosed Articles of Amendment and fee are subr	nitted for filing.	
Please return all correspondence concerning this matter	er to the following:	
JOSE R. RIVER	21	
	(Name of Contact Person	1)
CHURCH		
	(Firm/ Company)	
2919 OLD DIXI	F HWAY	
	(Address)	
KISSIMMEE, FL	34741	
7	(City/ State and Zip Code	e)
	0	
TOSE RAMON RIVER A DIA E-mail address: (to be used	for future annual report	notification)
	_	•
For further information concerning this matter, please	call:	
ELVIN MARTINEZ (Name of Contact Person)	at (407	334-78/7
(Name of Contact Person)	(Area Co	ode & Daytime Telephone Number)
Enclosed is a check for the following amount made pa	vable to the Florida Depa	artment of State:
		_
\$35 Filing Fee \$\sum_{\text{Cartificate of Status}}\$	☐\$43.75 Filing Fee &	☐\$52.50 Filing Fee Certificate of Status
Certificate of Status	Certified Copy (Additional copy is	Certified Copy
	enclosed)	(Additional Copy is
	,	Enclosed)
Mailing Address	Street	Address
Amendment Section		ment Section
Division of Corporations	Divisio	on of Corporations
P.O. Box 6327		Building
Tallahassee, FL 32314	2661 E	xecutive Center Circle

Tallahassee, FL 32301

## **Articles of Amendment** Articles of Incorporation of



(Name of Corporation as currently filed with the Florida Dept. of State) NO3000010611

(Document Number of Corporation (if known)

A. If amending name, enter the new na		tion:	
Iglesia En Manos Del Al			The n
name must be distinguishable and contain "Company" or "Co." may not be used in	•	ttion" or "incorporated" or the abbrevia	ition "Corp." or "Inc
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		2919 Old Dixie Hway	
		Kissimmee, FI 34741	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		P.O. Box 770713	
		Orlando, Fl 32877	
D. If amending the registered agent an	d/or registered offi	ce address in Florida, enter the name	of the
new registered agent and/or the new	v registered office s	address:	
Name of New Registered Agent:	Jose R. Riv	vera	
THE STATE OF THE S	825 Park \	/illa Circle	
	OZO I BIK V		
Now Parintanad Office Address		(Florida street address)	
New Registered Office Address:		(Florida street address)	2824
New Registered Office Address:		(Florida street address) , Florida	2824 (Zip Code)

Page 1 of 4

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 office held. 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	<u>V</u> <u>Mik</u>	n Doe le Jones ly Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change	<u>s</u>	Gloria Villegas	325 Lake Dot Circle
Add X Remove			Orlando, FL 32801
2) Change	<u>s</u>	Elvin Martinez	816 Fruitwood Dr
X Add			Kissimmee, FL 34743
Remove 3) Change			
Add			
4) Change			
Add Remove			
5) Change	***********		
Add			
6) Change			
Add			
Remove			

f amending or adding additional Arti uttach additional sheets, if necessary).	(Be specific)	geis) nere:		
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70° No. 11 Company of the State				
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	e date of each amendment(s) adoption:e this document was signed.	, if other than the	
Eff	ffective date if applicable:		
	(no more than 90 days after amendment file date)		
Ado	option 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 04-28-14  Signature 12 P P P P P P P P P P P P P P P P P P		
	Signature & Za a P.D		
	(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)	_	
	Jose R, Rivera		
	(Typed or printed name of person signing)		
	Pastor		
	(Title of person signing)		