N0400000054

(Red	questor's Name)	
(Add	łress)	
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(City	//State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bus	siness Entity Nan	ne)
(Doe	cument Number)	
Certified Copies	_ Certificates	s of Status
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WIZ-572 RECRETARY OF STATION OF STATION AND AMBIENT AND AMBIEN



November 19, 2012

IRIS SANTANA 3471 HARLEQUIN DR KISSIMMEE, FL 34772

SUBJECT: TABERNACULO NUEVO COMIENZO, INC.

Ref. Number: N0400000548

We have received your document for TABERNACULO NUEVO COMIENZO, INC. (and your check(s) totaling \$35.00). However, the enclosed document has not been filed and is being returned for the following correction(s):

Amendments for nonprofit corporations are filed in compliance with section 617.1006, Florida Statutes. Please see the attached information.

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

It appears that you completed the wrong form.

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) 245-6050.

Tina Roberts
Regulatory Specialist II

Letter Number: 812A00027852

12 DEC 14 AM 9: 46
SETA PLANS OF COMPARATION



November 19, 2012

IRIS SANTANA 3471 HARLEQUIN DR KISSIMMEE, FL 34772

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Letter Number: 812A00027852

Tina Roberts Regulatory Specialist II

www.sunbiz.org

COVER LETTER . .

Division of Corporations		
SUBJECT: Tabernaculo Numero	Levo Comienzo inc.	
DOCUMENT NUMBER: NO4 DOM	or corporation	
The enclosed Amendment and fee are submit		
Please return all correspondence concerning	this matter to the following:	
Tris Santana Name of Contact Person		
Firm/Company		
3471 Harlequin DR		
Liss. FL. 34742 City/State and Zip Code		
Pastora_insor@ yaho. E-mail address: (to be used for duture annu	tom pal report notification)	
For further information concerning this matt	ter, please call:	
TRIS Sortana Name of Contact Person	at (32) 246-0179 Area Code & Daytime Telephone Number	
Enclosed is a check for the following amour	nt:	
\$35.00 Filing Fee \$43.75 Filing Fee & Certificate of Status		
Mailing Address: Amendment Section	Street Address: Amendment Section	
Division of Corporations		
O. Box 6327 Clifton Building		
allahassee, FL 32314 2661 Executive Center Circle		

Tallahassee, FL 32301

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: Taberno	aculo Nuevo	Comienzo inc.
DOCUMENT NUMBER: NO40000	548	
The enclosed Articles of Amendment and fee are subr	mitted for filing.	
Please return all correspondence concerning this matter	er to the following:	
Iris Santana		
	(Name of Contact Persor	1)
VP		
	(Firm/ Company)	
3471 Harlequin DR.		
	(Address)	
Saint Cloud FL.	34772. (City/ State and Zip Code	
	(City/ State and Zip Code	e)
Pastora_insolo y E-mail address: (to be used	ahoo. Coy for future annual report i	notification)
For further information concerning this matter, please	call:	
Tris Santana (Name of Contact Person)	at (<u>32 </u> (Area Co	246-0179 (Ce()) ode & Daytime Telephone Number)
Enclosed is a check for the following amount made pa	yable to the Florida Depa	rtment of State:
□ \$35 Filing Fee □\$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is Enclosed)
Mailing Address	Street	Address

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

45

	Articles of Incorporation	1 1 L L D
	of	12 DEC 14 AM 11: 45
Tabernaculo Nyevo Co	mileuzo inc.	CEC 14 AM 11: 45
(Name of Corporation as currently filed	with the Florida Dept. of State)	TALERETARY OF STATE
NO400000548		SECRETARY OF STATE TALLAHASSEE, FLORIDA
(Document Num	ber of Corporation (if known)	
Pursuant to the provisions of section 617.1006, Famendment(s) to its Articles of Incorporation:	Florida Statutes, this Florida Not For	Profit Corporation adopts the following
A. If amending name, enter the new name of Vevo Comien 20 name must be distinguishable and contain the we "Company" or "Co." may not be used in the na	International Mi	nistries inc. The new or the abbreviation "Corp." or "Inc."
B. Enter new principal office address, if appl. (Principal office address <u>MUST BE A STREET</u>		
C. Enter new mailing address, if applicable: (Mailing address <u>MAY BE A POST OFFIC</u>	EBOX) 2539 Olduine Kissimmee	
D. If amending the registered agent and/or renew registered agent and/or the new regis		enter the name of the
Name of New Registered Agent:		
New Registered Office Address:	(Florida street address)	
		, Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if changin	a Dogistored Agents	
New Registered Agent's Signature, it changing I hereby accept the appointment as registered ag		he obligations of the position.
	•	

Page 1 of 4

Signature of New Registered Agent, if changing

The date of each amendment(s) adoption: Docember 4, 2012						
Effe	Effective 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.					
Ŕĺ	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 December 4 2012					
	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)					
	I Ris Sontana					
	(Typed or printed name of person signing)					
	VP.					
	(Title of person signing)					