N0500002878

(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	
,	

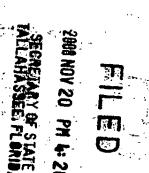
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Amera News 11-25-08



COVER LETTER

TO: Amendment Section **Division of Corporations**

NAME OF CORPORATION: £9£,54	CHRétienne	Des Ambasadeus Jesa CHI
DOCUMENT NUMBER: MO50000	02818	
The enclosed Articles of Amendment and fee a	are submitted for filing.	
Please return all correspondence concerning th	is matter to the following:	
Alliance Blan (Name	of Contact Person)	
Eglise chretien	ne Dos Ambassade	rupe de Jesus Christ
2412 NW 1952	(Address)	
Fit. Landerdale (City/S		
For further information concerning this matter,	, please call:	
AlliAnce Blave (Name of Contact Person)	at (<u>754</u>) 234 (Area Code & Daytime T	-3308 Telephone Number)
Enclosed is a check for the following amount r	nade payable to the Florida Depa	rtment of State:
\$35 Filing Fee \$\times \$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 Circ	cle

Tallahassee, FL 32301

Articles of Amendment Articles of Incorporation

(Document Number of Corporation (if known)

Pursuant to the provisions of section 617.1006, Florida Statutes, the following amendment(s) to its Articles of Incorporation:	this Florida Not For Profit Corporation ad	opts
A. If amending name, enter the new name of the corporation	<u>u</u> ′	
The new name must be distinguishable and contain the word abbreviation "Corp." or "Inc." "Company" or "Co." may not		
B. Enter new principal office address, if applicable:	100 pt =	
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	7	
	E RANDY 20	一
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	2 × 3	, 1
(Maning united MATT BE ATTOST OF FICE BOX)		. 0
,)
D. If amending the registered agent and/or registered office a new registered agent and/or the new registered office add		
Name of New Registered Agent:	Blane	
New Registered Office Address: 2412 N	W19th Street da street address)	
Ft. Lauder	<u>dak</u> , Florida <u>F/</u> 3 (City) (Zip Code)	331)
New Registered Agent's Signature, if changing Registered Ag	gent:	

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

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)

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
PR_	Alliance Blanc	3621AVU/38AVE Lauderdafelakes Fil. 33309	Add Remove
			_
			Add Remove
E. If amen (attach a	ding or adding additional Articles, ent dditional sheets, if necessary). (Be spe	er change(s) here:	
		•	

The date of each amendment(s) adoption:			
Effective date if applicable:	N/A		
	(no more than 90 days after amendment file date)		
Adoption of Amendment(s)	(CHECK ONE)		
The amendment(s) was/we was/were sufficient for appr	re adopted by the members and the number of votes cast for the amendment(s) roval.		
There are no members or radopted by the board of dir	nembers entitled to vote on the amendment(s). The amendment(s) was/were ectors.		
Dated <u>[.1</u>	/11/08		
Signature	Alliance Blanci		
hav	the chairman or vice chairman of the board, president or other officer-if directors is not been selected, by an incorporator – if in the hands of a receiver, trustee, or court appointed fiduciary by that fiduciary)		
	Alliance Flanc (Typed or printed name of person signing)		
	President (Title of person signing)		
	(The of person signing)		

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