

N05000008380

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COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Pentecostal Church Arbol de Vida, INC.

DOCUMENT NUMBER: N05000008380

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

Please return all correspondence concerning this matter to the following:

President Rve. Sarah Ramirez Matias
(Name of Contact Person)

Pentecostal Church Arbol de Vida INC.
(Firm/ Company)

146 Martin ST
(Address)

02ark ALabama 36360
(City/ State and Zip Code)

For further information concerning this matter, please call:

Rev. Sarah Matias at (334) 598-2060
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

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| <input type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &
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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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA
ENC.

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

(Document number of corporation (if known))

AMENDMENTS ADOPTED- (OTHER THAN NAME CHANGE) Indicate Article Number(s) and/or Article Title(s) being amended, added or deleted: **(BE SPECIFIC)**

The date of adoption of the amendment(s) was: Feb. 5, 2007

Effective date if applicable: _____
(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 was sufficient for approval.
- ☐ There are no members or members entitled to vote on the amendment. The amendment(s) was (were) adopted by the board of directors.

Signature Pres. Rev. Sarah R. Matias
(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.)

Pres. Rev. Sarah R. Matias
(Typed or printed name of person signing)

(Title of person signing)

FILING FEE: \$35