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## **COVER LETTER**

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: TGLESIA CRISTIANA MISIONERA EN POINCIANA DE LAS ASAMLES DE VIOS INC
DOCUMENT NUMBER:
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
HERNAIZ ALICIA (Name of Contact Person)
(Name of Contact Person)
IGLESIA CRISTIANA MISIONERA EN POINCIANA DE LAS ASAMBLEAS DE DÍAS INC. (Firm/Company)
4954 OLD PLEASANT HILL RD.
(Address)
KISSIMMETE, FL. 34759
(City/ State and Zip Code)
(City/ State and Zip Code)  (City/ State and Zip Code)  (City/ State and Zip Code)  E-mail address: (to be used for future annual report notification)  For further information as
For further information concerning this matter, please call:
HERIVAIZ, ALICIA (Name of Contact Person)  at (407) 873-6440 (Area Code) (Daytime Telephone Number)
Enclosed is a check for the following amount made payable to the Florida Department of State:
\$35 Filing Fee Court and the Payable to the Florida Department of State:
\$35 Filing Fee
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314  Street Address Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## Articles of Amendment to Articles of Incorporation of

OI .		
IGLESIA CRISTIANA MISIONERA EN COINCIAND DE		
IGLESIA CRISTIANA HISTONERA EN POINCIANA DE LAS ASAMBLEAS DE DÍOS I	NC.	_
NO6000001993	_	
(Document Number of Corporation (if known)	<del></del>	<del></del> _
Pursuant to the provisions of species (17 1006 7	<u> </u>	229 <i>d</i>
Pursuant to the provisions of section 617.1006, Florida Statutes, this Florida Not For Profit Corporation adopts to amendment(s) to its Articles of Incorporation:	ne follo:	ے، چکونیں
		wing;
A. If amending name, enter the new name of the corporation:	μ.,	5
N/A	tri,	***
name must be distinguishable and carrain the world!	71.0	Ē¢;
name must be distinguishable and contain the word "corporation" or "incorporated" or the abbreviation "Corp."  "Company" or "Co." may not be used in the name.	or "Inc	<i>tew</i> ∽.
	Ę	^ ??
B. Enter new principal office address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
		_
C. Enter new mailing add	_	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
MAY BE A POST OFFICE BOX)		
		_
	_	
D. If amending the registered agent and/or registered		<del>-</del> -
D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:		
and the same of th		
Name of New Registered Agent: HERNAIZ, ALICIA		
32 ANDORA CTO		_
New Registered Office Address: (Florida street address)	<del></del> _	_
<del></del>		
KISSIMMEE Florida 3/4	O	
(City) Trotted 54	1.58	_
New Registered Agent's Signature, if changing Registered Agent:		
hereby accept the appointment as registered agent. I am familiar with		
hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.		
$\alpha \circ \mathcal{L}$		
_ Mua blemas		
Signature of New Registered Agent if changing		

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 = ChiefExecutive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office

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.

Table Control, 7 at 1/6	sinc cones, 7 as Remove, and Sally Smith, SV as an Add.		os noteu as sonn Doe, PI as a Change	
Example: X Change X Remove X Add	<u>V Mi</u>	nn <u>Doe</u> ke Jones lly Smith		
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address	
Change Add	<u>_P</u>	HERNAIZ, ALICIA	32 ANDORA CT. KISSIMMEE, FL. 34759	
Remove	<u> </u>	CHARLES, HOWARD		
) Change / Add	<u> 50</u>	MARTINEZ, ROSA HO	3510 SHOREWOOD UR. KISHMEE, FL. 347 5517 SYCOMURE CANYON DR KISSIMMEE, FL. 34758	
Remove Change Add Remove	<u>51)</u>	SABASTIAN, OMAYRA	4954 OLD PLEASANT HILL. KISSIMMEE, FL. 34759	
Change Add	<u>TD</u>	ORTIZ, CARMEN I.	343 ERIF CT. KISSIMMEE, FL. 34759	
Change Add	FS	PEREZ, MARLEN	618 GULL DR. Kissimmee, FL. 34758	
Change Add	<u>V0</u>	ORTIZ, JERIEL A.	3516 SHOREWOOD DR.	
Remove	<u>VO</u>	RIVERA, HERMINIA	2917 MOONSTONE BEND	
attach additional sh	eets, if necessary).	rticles, enter change(s) here: (Be specific)	KITSIMMEE, 1=1, 34758	
N/1	4			
	- <u></u>			

The date of each amondment(s)
date this document was signed. THE CATE OF THE SUPPT ON 8/21/27
The date of each amendment(s) adoption: PRESIDENT'S ADOPT ON 8/21/27 if other than the date this document was signed. THE DATE OF THE OTHER AMENDMENTS 15 9/11/22.
Effective date if applicable: 8/21/22 & 9/11/22
Effective date if applicable: 8/21/22 & 9/11/22  (no more than 90 days after amendment file date)
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.
Adoption 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.
was/were sufficient for approval.

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Burnasia Tuani