

NO6000002033

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

WAIT

MAIL

(Business Entity Name)

(Document Number)

✓

Certificates of Status _____

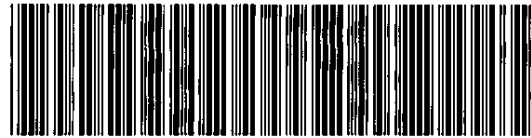
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07/06/10--01040--007 **43.75

Amend

STATE
FLORIDA

10 JUL-6 PM 4:14

100

Roberts JUL 08 2010

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: MISION INTERNACIONAL PRIMICIAS DE CRISTO

DOCUMENT NUMBER: N06000002033

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

Please return all correspondence concerning this matter to the following:

DAVID O MEDINA

(Name of Contact Person)

MISION INTERNACIONAL PRIMICIAS DE CRISTO, INC

(Firm/ Company)

7007 BELT LINK LOOP

(Address)

WESLEY CHAPEL, FL 33544

(City/ State and Zip Code)

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ANA R. MEDINA

(Name of Contact Person)

at (813) 991-6308

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount made payable to the Florida Department of State:

☐ \$35 Filing Fee

☐ \$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 Circle
Tallahassee, FL 32301

FILED
10 JUL -6 PM 4:14
CLERK OF DISTRICT COURT
TALLAHASSEE, FLORIDA
RISTO, INC.

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

(Document Number of Corporation (if known))

A. If amending name, enter the new name of the corporation:

The new name must be distinguishable and contain the word "corporation" or "incorporated" or the abbreviation "Corp." or " Inc. " **"Company" or "Co." may not be used in the name.**

33544

33544

N/A

(Zip Code)

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)

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
T	DOUGLAS VALLE	19239 WOODSAGE DR TAMPA FL 33647	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
VP	ROSE ARMONY MEDINA	7007 BELT LINK LOOP WESLEY CHAPEL FL 33544	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
VP	CARLOS CASTANEDA	1446 APPLETON PLACE WESLEY CHAPEL FL 33543	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove

E. If amending or adding additional Articles, enter change(s) here:
(attach additional sheets, if necessary). (Be specific)

N/A

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>	<u>Type of Action</u>
<u>S/T</u>	<u>ANA R. MEDINA</u>	<u>7007 BELT LINK LOOP</u> <u>WESLEY CHAPEL FL 33544</u>	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
<u>S</u>	<u>ANA R. MEDINA</u>	<u>7007 BELT LINK LOOP</u> <u>WESLEY CHAPEL FL 33544</u>	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
<u>D</u>	<u>MARIA C. MORALES</u>	<u>10755 GREAT FALLS LN</u> <u>TAMPA FL 33647</u>	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove

E. If amending or adding additional Articles, enter change(s) here:

(attach additional sheets, if necessary). (Be specific)

N/A

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>	<u>Type of Action</u>
D	OLVIN ODIR OLIVA	10755 GREAT FALLS LN TAMPA FL 33647	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

E. If amending or adding additional Articles, enter change(s) here:

(attach additional sheets, if necessary). (Be specific)

N/A


The date of each amendment(s) adoption: 6-30-10
(date of adoption is required)

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(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 06/30/2010

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)

DAVID O. MEDINA

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)