N0600000 2706

(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
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Special Instructions to Filing Officer:
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了一点的所用。就到现在时间。★\$43.7%

S TALLENT MAR 2 6 2020



March 11, 2020

JUAN CRUZ-PASTOR PO BOX 693 INTERLACHEN, FL 32148

SUBJECT: IGLESIA PENTECOSTAL DE AVIVAMIENTO ELOHIM, INC. #1

Ref. Number: N06000002706

We have received your document and check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The form you submitted is for a FLORIDA PROFIT CORPORATION, but your entity is a FLORIDA NOT FOR PROFIT CORPORATION. Please complete and return the enclosed blank form(s).

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.

Susan Tallent Regulatory Specialist II

Letter Number: 920A00005343

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COVER LETTER

TO: Amendment Section Division of Corporations

-0/0°C 200/0	actal de Oriveragaista 251 daise
NAME OF CORPORATION: TGUSICA PONH	COSTOLI COL HAMANITATION SICHIMI, ID
DOCUMENT NUMBER: NOW DOOD 27	00
The enclosed Articles of Amendment and fee are submitted for	filing.
Please return all correspondence concerning this matter to the f	ollowing:
Luca Caro	
Juan Crus	f Contact Person)
(Fire	nv/ Company)
20 Ora 1092	
- V COF C(S)	(Address)
Talolland C1 27/48	
Intellaction Fl 32148 (City/St	ate and Zip Code)
200000000000000000000000000000000000000	9) 6500
Comeno 1958 a Lote E-mail address: (to be used for futur	re annual report notification)
For further information concerning this matter, please call:	
Juan Cruz-	a1 (3500) 540-2943
(Name of Contact Person)	(Area Code) (Daytime Telephone Number)
Enclosed is a check for the following amount made payable to	the Florida Department of State:
Certificate of Status Certifi	S Filing Fee & S52.50 Filing Fee ed Copy Certificate of Status ional copy is sed) (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 The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

	inaminto Elavino Tuc	_,#_/
(Name of Corporation as currently filed with the Florida I	Dept. of State)	
2076 0000 20CM		
(Document Numb	er of Corporation (if known)	
Pursuant to the provisions of section 617.1006, Florida Statuto amendment(s) to its Articles of Incorporation:	es, this Florida Not For Profit Corporation adopts t	he following
A. If amending name, enter the new name of the corporat	ion:	
Talesia Pertheostal Elohim	Inc #1	The new
name must be distinguishable and contain the word "corporal" "Company" or "Co." may not be used in the name.	tion" or "incorporated" or the abbreviation "Corp.	" or "Inc."
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS	,- <u>~~</u>	
<u> </u>		<u> </u>
		2020 MAR 25
		7
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	NA	2
		_ =
		<u>ب</u>
D. If amending the registered agent and/or registered office	ce address in Florida, enter the name of the	in the
new registered agent and/or the new registered office a		
Name of New Registered Agent:	NA -	
Name in New Registered Agent.		
New Registered Office Address:	(Florida street address)	
	179 '1	
	, Florida, (City) (Zip Code)	
	•	
New Registered Agent's Signature, if changing Registered I hereby accept the appointment as registered agent. I am fai		1.
	ignature of New Registered Agent, if changing	·
Si	ignature 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 = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.						
	ives the c	orporation, Sally Si	nith is named the V and S. Th	the PST and Mike Jones is listed as the V. There is ese should be noted as John Doc, PT as a Change,		
Example: X Change X Remove X Add	<u>PT</u> <u>V</u> <u>SV</u>	John Doe Mike Jones Sally Smith	MA			
Type of Action (Check One)	<u>Title</u>	<u>Name</u>		<u>Addres</u> s		
1) Change Add						
Remove						
2) Change Add						
Remove 3) Change Add Remove						
4) Change Add						
Remove						
5) Change Add		_	1 V 1 V 1 V 1 V 1 V 1 V 1 V 1 V 1 V 1 V			
Remove						
6) Change Add						
Remove						
E. If amending or additional sheet						
NA						

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	~3 77 7.7	
The date of each amendment(, if other than the
date this document was signed.		
Defination data if applicables	03-20-20	
Effective date if applicable:	(no more than 90 days after amendment file date)	
	(no more than 20 days after untenament fue date)	
Note: If the date inserted in thi document's effective date on th	is block does not meet the applicable statutory filing requirements, this date Department of State's records.	ite will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/we was/were sufficient for app	ere adopted by the members and the number of votes cast for the amendm proval.	eent(s)

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 <u>03-30-30</u>
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)
(Typed or printed name of person signing)
Prostdent

(Title of person signing)