NO6000009838

Office Use Only



800272181998

04/28/15--01022--014 **35.00

2015 APR 27 AH II: II

MAY 0 5 2014 C. CARROTHERS

COVER LETTER

TO: Amendment Section

P.O. Box 6327

Tallahassee, FL 32314

Division of Corporations NAME OF CORPORATION: Iglesia Pentecostal Aposento alto C.L.A. Inc. 060000009838 DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: (Firm/ Company) Miami, FL 33/86 Iris/i2 20 @ amail-com
E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Enclosed is a check for the following amount made payable to the Florida Department of State: ■ \$35 Filing Fee ■\$43.75 Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certificate of Status Certified Copy (Additional copy is Certified Copy enclosed) (Additional Copy is Enclosed) Mailing Address Street Address Amendment Section Amendment Section Division of Corporations Division of Corporations

Clifton Building

Tallahassee, FL 32301

2661 Executive Center Circle

OIS APR 27 AH II:

Articles of Amendment to Articles of Incorporation of

(Document	Number of Corporation (if k	tnown)
ursuant to the provisions of section 617.1006, Florida mendment(s) to its Articles of Incorporation:	Statutes, this Florida Not Fe	or Profit Corporation adopts the follow
. If amending name, enter the new name of the con	rporation:	CONTROL The
ame must be distinguishable and contain the word "co Company" or "Co." may not be used in the name.	orporation" or "incorporate	d" or the abbreviation "Corp." or The
. Enter new principal office address, if applicable: Principal office address MUST BE A STREET ADD.		>
. <u>Enter new mailing address, if applicable:</u> (Mailing address <u>MAY BE A POST OFFICE BO)</u>	<u> </u>	
. If amending the registered agent and/or registered new registered agent and/or the new registered of		, enter the name of the
Name of New Registered Agent:		
New Registered Office Address:	(F	Clorida street address)
		Florida
_	(City)	, Florida (Zip Code)
ew Registered Agent's Signature, if changing Reginereby accept the appointment as registered agent.	stered Agent: I am familiar with and accept	t the obligations of the position.
New Registered Agent's Signature, if changing Regi I hereby accept the appointment as registered agent. I	I am familiar with and accept	t 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)

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.

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.

Example: \underline{X} Change \underline{X} Remove \underline{X} Add	<u>PT</u> <u>V</u> <u>SV</u>	John Do Mike Jo Sally Sn	<u>nes</u>	
Type of Action (Check One)	<u>Title</u>		Name	<u>Addres</u> s
1) Change				
Add				
Remove				
2) Change		_		
Add				18.11.11.11.11.11.11.11.11.11.11.11.11.1
Remove				
3) Change		_		
Add				
Remove				
4) Change		_		
Add				
Remove				
5) Change				
Add		-		
				· · · · · · · · · · · · · · · · · · ·
Remove				
6) Change		_		
Add				
Remove				

The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
Effective date <u>if applicable</u> :	
(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 document's effective date on the Department of State's records.	e will not be listed as the
Adoption of Amendment(s) (<u>CHECK ONE</u>)	
The amendment(s) was/were adopted by the members and the number of votes cast for the amendment was/were sufficient for approval.	ent(s)
There are no members or members entitled to vote on the amendment(s). The amendment(s) was/we adopted by the board of directors.	еге
Dated 4/24/15	
Signature Signature	
(By the chairman of the board, president or other officer-if direct have not been selected, by an incorporator – if in the hands of a receiver, trustee, other court appointed fiduciary by that fiduciary)	
George A. Hernande 2 (Typed or printed name of person signing)	_
President (Title of person signing)	