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SECRETARY OF STATE
DIVISION OF CORPORATIONS
06 NOV 20 AM 9:20

Amend/cc
@ 11.20.06

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Centro Cristiano Funto de la Via, Centro de
RESTAURACION FAMILIAR POINLIANA, INC.

DOCUMENT NUMBER: NO6000011246

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

Please return all correspondence concerning this matter to the following:

PEDRO D. LOZADA MEDINA

(Name of Contact Person)

Centro Cristiano Funto de la Via, Centro de RESTAURACION
FAMILIAR. POINLIANA, INC.

(Firm/ Company)

2373 North Central Avenue # D-339

(Address)

KISSIMMEE, FL 34741

(City/ State and Zip Code)

For further information concerning this matter, please call:

ALVIN L. HAGERICH

(Name of Contact Person)

at (954) 473-9212

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

☐ \$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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 8, 2006

PEDRO I. LOZADA MEDINA
2373 NORTH CENTRAL AVENUE D-339
KISSIMMEE, FL 34741

SUBJECT: CENTRO CRISTIANO FRUTO DE LA VID, CENTRO DE
RESTAURACION FAMILIAR POINCIANA, INC.
Ref. Number: N06000011246

We have received your document for CENTRO CRISTIANO FRUTO DE LA VID, CENTRO DE RESTAURACION FAMILIAR POINCIANA, INC. and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

Photo copies are not acceptable.

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) 245-6964.

Irene Albritton
Document Specialist

Letter Number: 606A00065813

RECEIVED
06 NOV 20 AM 8:
DIVISION OF CORPORATIONS

Articles of Amendment

to

Articles of Incorporation

of

Centro Cristiano Fruto de la Vida, Centro de Restauración Familiar, Poinciana, INC.
(Name of corporation as currently filed with the Florida Dept. of State)

NO6000011246

(Document number of corporation (if known))

Pursuant to the provisions of section 617.1006, Florida Statutes, this **Florida Not For Profit Corporation** adopts the following amendment(s) to its Articles of Incorporation:

NEW CORPORATE NAME (if changing):

(must contain the word "corporation," "incorporated," or the abbreviation "corp." or "inc." or words of like import in language; "Company" or "Co." may not be used in the name of a not for profit corporation)

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

ARTICLE II

* The Principal place of business of this corporation shall be: 395 Maringold Ave
Poinciana, FL 34759

* The mailing address of this corporation shall be:

2373 North Central Avenue #D-339
KISSIMMEE FL 34741

(Attach additional pages if necessary)

(continued)

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DIVISION OF CORPORATIONS
06 NOV 2006 AM 9:20

The date of adoption of the amendment(s) was: NOV. 02, 2006

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

Pedro I. Lozada Medina

(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.)

PEDRO I. LOZADA MEDINA

(Typed or printed name of person signing)

President

(Title of person signing)

FILING FEE: \$35