NO 700000 5868

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(Requestor's Name)
(Address)
(Address)
(ladioss)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies (Art 1) Certificates of Status (Art 1) Certificates of Status
Special Instructions to Filing Officer:
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SECRETARY OF STAT



July 6, 2009

MARIO ESQUILIN 4900 ADAMS ST HOLLYWOOD, FL 33021

SUBJECT: IGLESIA EL REINO DE LOS CIELOS, INC.

Ref. Number: N0700005868

We have received your document for IGLESIA EL REINO DE LOS CIELOS, 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):

The document you submitted has been prepared pursuant to profit statutes (chapter 607, Florida Statutes). As the entity was originally filed as a nonprofit corporation, this document should be filed pursuant to chapter 617, Florida Statutes.

We are enclosing the proper form(s) with instructions for your convenience.

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) 245-6892.

Letter Number: 209A00022958

Tina Roberts Regulatory Specialist II

Division of Comparations DO DOV 6227 Tollahassas Florida 22214

COVER LETTER

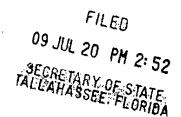
TO: Amendment Section Division of Corporations

Tallahassee, FL 32314

NAME OF CORPO	ration: <u>Iglesia</u> E	L Reino De Los	Cielos	Inc	, r.	
DOCUMENT NUM	BER: <u>N07000</u>	00 5868				
The enclosed Articles	of Amendment and fee are sub	omitted for filing.				
Please return all corre	spondence concerning this mat	ter to the following:				
	Mario Esg (Name of	Contact Person)				
	Iglesial el Re	eina de los Ciek	s In	C. .		
	du Y Federal	Hwy Address)				
	Dania Beac (City/ Sta	te and Zip Code)		SECRETARY OF STATE RALEAHASSEE, FLORIDA	2009 JUL	
	I glesia el cemo de lo E-mail address: (to be use	s cielos o yakos. (or ed for future amual report notification	27 on)	ARY 01 (SSEE.	20 A	1
For further information	on concerning this matter, pleas			FLORI	e: e: ⊒≭	
Luisking (Name	Pena of Contact Person)	at (<u>305</u>) <u>490-0/</u> (Area Code & Daytime	30 Telepho	ne Numb	per)	
Enclosed is a check for	or the following amount made p	payable to the Florida Department o	f State:			
□ \$35 Filing Fee	☐ \$43.75 Filing Fee & Certificate of Status	\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	Certific Certific (Additi	50 Filing cate of St ed Copy onal Cop losed)	atus	
Amer Divis	ng Address Indment Section Idment Corporations Box 6327	Street Address Amendment Section Division of Corporations Clifton Building		ioscu)		

2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation



Falesia Cl Reino De los Cielos. Fra
(Name of Corporation as currently filed with the Florida Dept. of State)
N 0 7 00000 5x6X
(Document Number of Corporation (if known)
Pursuant to the provisions of section 617.1006, Florida Statutes, this <i>Florida Not For Profit Corporation</i> adopts the following amendment(s) to its Articles of Incorporation:
A. If amending name, enter the new name of the corporation:
Ta lessa El Runo De Los Cielos Kingolom of Heaven Church Inc. 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.
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)
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:
Name of New Registered Agent:
New Registered Office Address: (Florida street address)
, Florida
(City) (Zip Code)
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.
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>	Type of Action
	-		

E. If amer	nding or adding additional Anadditional Anadditional sheets, if necessary	Articles, enter change(s) here: o). (Be specific)	
		18-1	<u>M</u>

The date of each amendment(s) adoption: 6/15/09
Effective data if applicables	(date of adoption is required)
Effective date <u>if applicable</u> : _	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/were was/were sufficient for appro	adopted by the members and the number of votes cast for the amendment(s) val.
There are no members or me adopted by the board of direct	embers entitled to vote on the amendment(s). The amendment(s) was/were ctors.
have	The chairman or vice chairman of the board, president or other officer-if directors not been selected, by an incorporator – if in the hands of a receiver, trustee, or court appointed fiduciary by that fiduciary) (Typed or printed name of person signing) (Title of person signing)

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