## N07000008641

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SECULTARY OF STATE ON SECULTARY OF CORPORATIONS

JAN 1 4 2016

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## **COVER LETTER**

TO: Amendment Section Division of Corporations	
NAME OF CORPORATION: TGLESIA CIZISTIAN	ON I 3 T3 COA OI WW MO DA
DOCUMENT NUMBER: N 070000864	<i>(</i> (
The enclosed Articles of Amendment and fee are submitted for filing.	6 NES
Please return all correspondence concerning this matter to the following:	
Name of Contact Pers	\ CA
(Name of Contact Pers	son)
I GLESIA CRISTIANA COMUNIDAD	DEFEINC.
(Firm/ Company)	
4623 CABALERRE	OTRAIL
(Address)	
(City/State and Zip Co	E, FL 34758
apostol mojica@g	
E-mail address: (to be used for future annual repo	rt notification)
For further information concerning this matter, please call:	
RAFAEL MOSICA al	(Area Code) (Daytime Telephone Number)
(Name of Contact Person)	(Area Code) (Daytime Telephone Number)
Enclosed is a check for the following amount made payable to the Florida De	epartment of State:
Sas Filing Fee Service Certificate of Status Certified Copy (Additional copy is enclosed)	Certificate of Status Certified Copy (Additional Copy is Enclosed)
	eet Address
	endment Section
•	ision of Corporations ton Building
	1 Executive Center Circle

Tallahassee, FL 32301

## Articles of Amendment to

## Articles of Incorporation TOLESIA CRISTIANA COMUNIDAD DEFE JUIC. (Name of Corporation as currently filed with the Florida Dept. of State) NO 700008641

(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:

A. If amending name, enter the new name of the corpor	ation:  E E CORP. The new
	ration" or "incorporated" or the abbreviation "Corp." or "Inc."
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRES	N A (S)
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	NIA
D. If amending the registered agent and/or registered onew registered agent and/or the new registered offic	ffice address in Florida, enter the name of the
Name of New Registered Agent:	n/A
New Registered Office Address;	(Florida street address)
	(City) , Florida, Zip Code)
New Registered Agent's Signature, if changing Register I hereby accept the appointment as registered agent. I am	
	n/A
	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)

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:  X Change X Remove X Add	PT         John D           V         Mike John S           SV         Sally S	ones	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Address</u> s
1)Change		4/4	
Add			
Remove			
2) Change		2/0	
Add			
Remove			
3) Change		w /a	
Add			
Remove		•	
4) Change		n /a	
Add			
Remove			
5) Change		m/ / fr	
Add			
Remove		,	
6) Change		w/ r	
Add			
Remove		Page 2 of 4	

amending or adding additional sheets, if necessitional sheets, if necessitional sheets.	essary). (Be specific	,			
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· · > I'he date of each amen	dment(s) adoption:	01.01.2016	, if other than the
date this document was			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
Effective date <u>if applic</u>	able:	01.01.2016	
		ore than 90 days after amendment file date)	
	ed in this block does not n te on the Department of S	meet the applicable statutory filing requirements, state's records.	this date will not be listed as the
Adoption of Amendme	ent(s) ( <u>CHE</u>	ECK ONE)	
☐ The amendment(s) was/were sufficien		members and the number of votes cast for the at	mendment(s)
There are no mem adopted by the box		to vote on the amendment(s). The amendment(s)	) was/were
Dated	F0.10	- 2016	
Signature		MUSI	
		chairman of the board, president or other officer by an incorporator – if in the hands of a receiver, fuciary by that fiduciary)	
		RAFAEL MO	Z CA
		(Typed or printed name of person signing)	
		PRESIDENT	
		(Title of person signing)	
		( o. kerner a.BB)	