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COVER LETTER

TO: Amendment Section **Division of Corporations**

> P.O. Box 6327 Tallahassee, FL 32314

NAME OF CORPORATION	: Iglesin 2	ECFARO ASAMble	Tus de Dios Tuc
DOCUMENT NUMBER: <u>L</u>	0 8000000 87	05	
The enclosed Articles of Amen	dment and fee are submi	tted for filing.	
Please return all correspondence	e concerning this matter	to the following:	
PADLO	ENRIGUE (Name of Co	MARGUEZ Intact Person)	
Igles	in ECFARO (Firm/C	Asam bleas de Dompany)	ios Jax
223	ACMA 57 (Add	Tress)	<u> </u>
K15511	n mee F (City/ State a	O RI d a 3474/	<u>, </u>
PASTOR	ENRIGUE DE l'ail address: (to/be used to	FARO Chorch . COA	n)
For further information concern	ning this matter, please ca	ıll:	
PAS/6 E. MA (Name of Contact	R Q U E Z et Person)	at (<u>321</u>) <u>689. 2</u> (Area Code & Daytime	645 Telephone Number)
Enclosed is a check for the following	owing amount made paya	ible to the Florida Department of	State:
	.75 Filing Fce & cate 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 of Corp. P.O. Box 6327	ction	Street Address Amendment Section Division of Corporations Clifton Building	

2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment to

Articles of Incorpo	pration 70 July 1999
of Iglesia ECFARO Asambi (Name of Corporation as currently filed with	EAS DE DIOS TAGES 1.08
NOSOOOO8705 (Document Number of Corporat	tion (if known)
Pursuant to the provisions of section 617.1006, Florida Statutes the following amendment(s) to its Articles of Incorporation:	, this Florida Not For Profit Corporation adopts
A. If amending name, enter the new name of the corporation	on:
The new name must be distinguishable and contain the word abbreviation "Corp." or "Inc." "Company" or "Co." may not	
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>)	4636 W. Telo Browson Hwy KISSIMMEE, FL. 34746
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	D.O. BOX 491524 XISSIMMEE, FC. 34741
D. If amending the registered agent and/or registered office new registered agent and/or the new registered office ade	
Name of New Registered Agent:	
New Registered Office Address: (Flori	ida street address)
	(City) , Florida
New Registered Agent's Signature, if changing Registered A I hereby accept the appointment as registered agent. I am position.	familiar with and accept the obligations of the
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) Title Title Address Name **Type of Action** ☐ Add ☐ Remove ☐ Add ☐ Remove ☐ Remove E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific)

7///
The date of each amendment(s) adoption: 7//2010 (date of adoption is required)
Effective date if applicable: 8//2010
(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(s) was/were sufficient for approval.
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 7/20/20/D
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)
SENIOR PASTOR (PRESIDENT) (Title of person signing)

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