

N08000010929

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

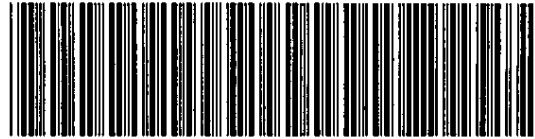
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FILED
15 FEB -6 AM 10:59
TOLSON, ALICE

FEB 10 2015

C. CARROTHERS



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 3, 2015

EMMANUEL ROSARIO
CHRIST CITY CHURCH, INC.
1123 W FAIRBANKS AVE.
ORLANDO, FL 32804

SUBJECT: TABERNACULO LLAMA DEL MINISTERIO, INC.
Ref. Number: N08000010929

We have received your document for TABERNACULO LLAMA DEL MINISTERIO, 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 name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

The document number of the name conflict is N11000007545.

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) 245-6050.

Cathy A Carrothers
Regulatory Specialist

Letter Number: 315A00002211

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Tabernaculo Llama Del Ministerio, Inc.

DOCUMENT NUMBER: N08000010929

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

Please return all correspondence concerning this matter to the following:

Emmanuel Rosario, Senior Pastor

(Name of Contact Person)

Christ City Church, Inc.

(Firm/ Company)

1123 W. Fairbanks Avenue

(Address)

Orlando, FL 32804

(City/ State and Zip Code)

EmmanuelRosario7@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Emmanuel Rosario

(Name of Contact Person)

at (321) 356-5922

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount made payable to the Florida Department of State:

- | | | | |
|--|--|---|--|
| <input type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &
Certified Copy
(Additional copy is
enclosed) | <input type="checkbox"/> \$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

Articles of Amendment
to
Articles of Incorporation
of

Tabernaculo Llama Del Ministerio, Inc.

(Name of Corporation as currently filed with the Florida Dept. of State)

N08000010929

(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 corporation:

Christ City Church of Orlando, Inc.

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:

(Florida street address)

New Registered Office Address:

(City)

, Florida

(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

RECEIVED
15 FEB -6 AM 11:25
DEPT. OF STATE
TALLAHASSEE, FLA.

15 FEB -6 AM 11:59
SECRETARY OF STATE
TALLAHASSEE, FLA.

(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:

<input checked="" type="checkbox"/> Change	<u>PT</u>	<u>John Doe</u>
<input checked="" type="checkbox"/> Remove	<u>V</u>	<u>Mike Jones</u>
<input checked="" type="checkbox"/> Add	<u>SV</u>	<u>Sally Smith</u>

<u>Type of Action</u> (Check One)	<u>Title</u>	<u>Name</u>	<u>Address</u>
1) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	<u>T</u>	<u>Israel Martinez</u>	<u>1123 W. Fairbanks Avenue</u> <u>Orlando, FL 32804</u>
2) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	<u>S</u>	<u>Jose A. Rivera, Jr.</u>	<u>1123 W. Fairbanks Avenue</u> <u>Orlando, FL 32804</u>
3) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>O</u>	<u>Jorge Hernandez, Jr.</u>	<u>1123 W. Fairbanks Avenue</u> <u>Orlando, FL 32804</u>
4) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>O</u>	<u>Paul Jason Negrón</u>	<u>1123 W. Fairbanks Avenue</u> <u>Orlando, FL 32804</u>
5) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>O</u>	<u>Carmelo Figueroa</u>	<u>1123 W. Fairbanks Avenue</u> <u>Orlando, FL 32804</u>
6) <input type="checkbox"/> Change <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove	<u>AS</u>	<u>Paula Sanchez</u>	<u>1123 W. Fairbanks Avenue</u> <u>Orlando, FL 32804</u>

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[illegible]

The date of each amendment(s) adoption: _____, if other than the date this document was signed.

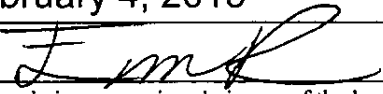
Effective date if applicable: _____
(no more than 90 days after amendment file date)

Adoption of Amendment(s) (CHECK ONE)

- ☒ The amendment(s) was/were adopted by the members and the number of votes cast for the amendment(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 February 4, 2015

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)

Emmanuel Rosario

(Typed or printed name of person signing)

Senior Pastor

(Title of person signing)