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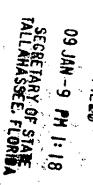
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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPORATION: Iglesia	c hispana Nueva Vida	en Cristo Inc
DOCUMENT NUMBER: NOSOO	0011019	
The enclosed Articles of Amendment and fe	ee are submitted for filing.	
Please return all correspondence concerning	this matter to the following:	
	mael Garcia me of Contact Person)	
	(Firm/ Company)	· · · · · · · · · · · · · · · · · · ·
15403 Telford S	Pring DR. (Address)	
Ruskin, Floria	do 33573	<del></del>
For further information concerning this matter		
Ismael Garcia (Name of Contact Person)	at ( 813 ) 629 (Area Code & Daytime	2-239/ Telephone Number)
Enclosed is a check for the following amoun	t made payable to the Florida Dep	partment of State:
\$35 Filing Fee \$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 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 Ci	ircle

Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation

orporation as currently filed with the Florida Dept (Document Number of Corporation (if known) Pursuant to the provisions of section 617.1006, Florida Statutes, this Florida Not For Profit Corporation and the following amendment(s) to its Articles of Incorporation: A. If amending name, enter the new name of the corporation: The new name must be distinguishable and contain the word "corporation" or "incorporated 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: SAILLE 25 (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

removed and title, name, and address of each Officer and/or Director being added: (Attach additional sheets, if necessary) Address Title **Type of Action** Edwin Rivera Victor Bartolomei Tre asurer E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific)

· If amending the Officers and/or Directors, enter the title and name of each officer/director being

The date of each amendment(s) adoption:			
Effective date if applicable:			
	(no more than 90 days after amendment file date)		
. Adoption of Amendment(s)	(CHECK ONE)		
The amendment(s) was/we was/were sufficient for app	re adopted by the members and the number of votes cast for the amendment(s) roval.		
There are no members or adopted by the board of dis	members entitled to vote on the amendment(s). The amendment(s) was/were rectors.		
Dated	1/7/09		
Signature			
(By	the chairman or vice chairman of the board, president or other officer-if directors		
	e not been selected, by an incorporator – if in the hands of a receiver, trustee, or er court appointed fiduciary by that fiduciary)		
	TSMAEL GARCIA (Typed or printed name of person signing)		
	(Typed or printed name of person signing)		
	PASTOR		
	(Title of person signing)		