

No9000003392

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

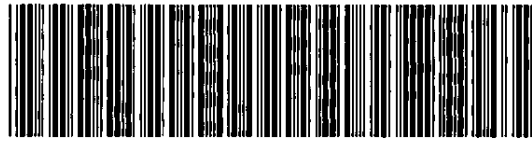
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SECRETARY OF CORPORATIONS
DIVISION OF CORPORATIONS
09 MAY 14 PM 12:50

T Roberts MAY 20 2009

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: MINISTERIO JESUCRISTO ES EL SEÑOR,
ASAMBLEAS DE DIOS, INC.

DOCUMENT NUMBER: NO9000003392

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

Please return all correspondence concerning this matter to the following:

LOYDA E. MARTINEZ
(Name of Contact Person)

(Firm/ Company)

P.O. BOX 161336
(Address)

HALEAH, FL 33016
(City/ State and Zip Code)

For further information concerning this matter, please call:

LOYDA E. MARTINEZ at (786) 202-0015
(Name of Contact Person) (Area Code & Daytime Telephone Number)

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

☐ \$35 Filing Fee

☐ \$43.75 Filing Fee &
Certificate 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
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

MINISTERIO JESUCRISTO ES EL SEÑOR ASAMBLEAS
(Name of Corporation as currently filed with the Florida Dept. of State) DE DIOS, INC.

FILED STATE
SECRETARY OF CORPORATIONS
DIVISION OF CORPORATIONS
09 MAY 1944 PH12:50
ation adopted

Page 1 of 3

(Attach additional sheets, if necessary)

(attach additional sheets, if necessary). (Be specific)

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>	<u>Type of Action</u>
<u>S/T</u>	<u>ABRAIRA, JOEL D.</u>	<u>6491 W. 2 AVE</u> <u>HIALEAH, FL</u> <u>33012</u>	☒ Add ☐ Remove
<u>S.</u>	<u>DESVERGUNAT</u> <u>ABRAHAM</u>	<u>2990 SW 19 ST.</u> <u>MIAMI, FL 33145</u>	☐ Add ☒ Remove
<u>D</u>	<u>DESVERGUNAT</u> <u>ABRAHAM</u>	<u>2990 SW 19 ST.</u> <u>MIAMI, FL 33145</u>	☒ Add ☐ Remove

E. If amending or adding additional Articles, enter change(s) here:

(attach additional sheets, if necessary). (Be specific)

The date of each amendment(s) adoption: _____

5/12/09

Effective date if applicable: _____

5/12/09

(no more than 90 days after amendment file date)

Adoption of Amendment(s)

(CHECK ONE)

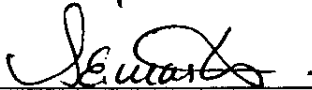
☐ The amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s) was/were sufficient for approval.

☒ 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 _____

MAY 12, 2009

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)

LOYDA E. MARTINEZ

(Typed or printed name of person signing)

PRES.

(Title of person signing)