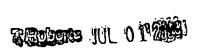
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(Requestor's Name) (Address)	
(Address)	000157226140
(City/State/Zip/Phone #)	06/26/0901042008 **35.00
(Business Entity Name) ,	Amens
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	O9 JUN 26 PM 12: 45

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COVER LETTER

TO: Amendment Section Division of Corporations

Tallahassee, FL 32314

NAME OF CORPORATION: <u>Iglesia</u> Pal	labras de Vio	la, Inc.
DOCUMENT NUMBER: 109000003	825	
The enclosed Articles of Amendment and fee are submitted	for filing.	
Please return all correspondence concerning this matter to th	e following:	
Humberto Arm (Name of Conta)	enturas.	
Iglesia Palabras de (Firm/Comp	. 11 -	
1909 W. Flora S	<u> </u>	
Townpa, FA 336 (City/ State and 2)	Cip Code)	
harmenters and m E-mail address: (to be used for fu	qi/. CDm ture annual report notificatio	on)
For further information concerning this matter, please call:		
(Name of Contact Person)	(813 <u>340-0</u> (Area Code & Daytime	7349 Telephone Number)
Enclosed is a check for the following amount made payable	to the Florida Department of	State:
Certificate of Status Certificate Of Status	\$43.75 Filing Fee & rified Copy dditional copy is closed)	☐ \$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327	Street Address Amendment Section Division of Corporations Clifton Building	

2661 Executive Center Circle

5.23 2 3 2 2 4

•	eles of Amendment to es of Incorporation of	Og JUN 26	VED ORPORATIONS M12: 45
(Name of Corporation as current) NOTOCOO 3823 (Document Numb	tly filed with the Floridary of Corporation (if known)		
Pursuant to the provisions of section 617.1006, F the following amendment(s) to its Articles of Inco. A. If amending name, enter the new name of the section 617.1006, F the following amendment(s) to its Articles of Inco.	orporation:	rida Not For Profit	Corporation adopts
The new name must be distinguishable and con abbreviation "Corp." or "Inc." "Company" or B. Enter new principal office address, if applic (Principal office address MUST BE A STREET	"Co." may not be used cable: 190		rated" or the
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)		19 W. Elle	010 St. 33604
D. If amending the registered agent and/or renew registered agent and/or the new registered agent and/or the new registered Agent:		in Florida, enter t	he name of the
<u>New Registered Office Address</u> :	(Florida street	,	lorida (Zip Code)
New Registered Agent's Signature, if changing I hereby accept the appointment as registered position.	Registered Agent:	pt th	e 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)

<u>Title</u>	<u>Name</u>	Address	Type of Action
PT	HUMBEHO Armenteros	1909 W Flora St	Add
		Tampa FL 33104	Remove
<u> </u>	Humberto Armenteros	1909 W. Flora St. Tampa FC 33604	Add Remove
T	Alain lapez	1909 W. Flora St Tampa FL 33604	Add Remove
E. If amendin	ng or adding additional Articles, enter c itional sheets, if necessary). (Be specific	change(s) here: c)	
		·	
			·
			

The date of each amendment(s) adoption:					
Effective date <u>if applicable</u> :	(dhte of adoptibn is required) (no more than 90 days after amendment file date)				
Adoption of Amendment(s)	(CHECK ONE)				
The amendment(s) was/were adopted was/were sufficient for approval.	by the members and the number of votes cast for the amendment(s)				
There are no members or members e adopted by the board of directors.	entitled to vote on the amendment(s). The amendment(s) was/were				
Dated	2/09				
have not beer	man or vice chairman of the board, president or other officer-if directors in selected, by an incorporator – if in the hands of a receiver, trustee, or oppointed fiduciary by that fiduciary)				
_H	(Typed or printed name of person signing)				
	resident. (Title of person signing)				