# N09000001902

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SECRETARY OF STATE SECRETARY OF STATE ORIDA

Amend Name Chanchs (1) 20/09

#### **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPOR	ATION: <u>Iglesia M</u>	sionera Un Encuentro	Can Jesus Inc
DOCUMENT NUMB	er:N090	000007902	
The enclosed Articles of	of Amendment and fee are su	bmitted for filing.	
Please return all corres	pondence concerning this ma	tter to the following:	
		CARRASQUILLO	-
	(Name o	f Contact Person)	
		ULTING FIRM INC.	
	(Fir	m/ Company)	
		PINE WAY F-2	
	1	(Address)	
	GREENAG	CRES FL. 33415	
	(City/ St	ate and Zip Code)	
		IGFIRM@YAHOO.COM  ed for future annual report notificat	ion)
For further information	n concerning this matter, plea	se call:	
ORLANDO CARRA	ASQUILLO	at ( 561 ) 561-5462 (Area Code & Daytim	
(Name o	of Contact Person)	(Area Code & Daytim	e 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		Street Address Amendment Section	
	Iment Section on of Corporations	Division of Corporation	ıs
P.O. Box 6327		Clifton Building	
Tallahassee, FL 32314		2661 Executive Center	Circle

Tallahassee, FL 32301

#### Articles of Amendment to Articles of Incorporation of



### IGLESIA MISIONERA UN ENCUENTRO CON JESUS INC.

N09000007902

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

(Document Number of Corpora	tion (if known)	
Pursuant to the provisions of section 617.1006, Florida Statute the following amendment(s) to its Articles of Incorporation:	s, this <i>Florida Not For I</i>	Profit Corporation adopts
A. If amending name, enter the new name of the corporation	on:	
UN ENCUENTRO CON JESUS IGLES	IA MISIONERA #1 I	NC.
The new name must be distinguishable and contain the word abbreviation "Corp." or "Inc." <u>"Company" or "Co." may na</u>	d "corporation" or "inc t be used in the name.	corporated" or the
B. <u>Enter new principal office address, if applicable:</u> (Principal office address <u>MUST BE A STREET ADDRESS</u> )		
C. Enter new mailing address, if applicable: (Mailing address <u>MAY BE A POST OFFICE BOX</u> )		
D. If amending the registered agent and/or registered office new registered agent and/or the new registered office ad		ter the name of the
Name of New Registered Agent:		
New Registered Office Address: (Flor	rida street address)	<del>_</del>
	(0:4.)	, Florida
New Registered Agent's Signature, if changing Registered A hereby accept the appointment as registered agent. I am	(City)  Agent: formiliar with and acceptance of the content of the	(Zip Code)
oosition.	jammur wun unu acce	pi me obugunons of me

Signature of New Registered Agent, if changing

# If amending the Officer's 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
S/D	IRIS RIVERA	642 SW ADDIE ST.	☐ Add ☐ Remove
		PORT ST. LUCIE FL 34983	. LI Kemove
<u>T /D</u>	SAUL GUTIERREZ	2384 A.W. DODGE TERRACE PORT ST. LUCIE FL. 34953	☐ Add ☐ Remove
S/D_	HILDA BELTRANENA	SE 163 OAKRIDGE AVE, PORT ST. LUCIE FL. 34984	. ☑ Add . □ Remove
E. <u>If amen</u> (attach a	ding or adding additional Articles, end dditional sheets, if necessary). (Be sp	nter change(s) here: pecific)	
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		, , , , , , , , , , , , , , , , , , , ,	

## 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>	Type of Action
<u>T/ D</u>	Orlando Carrasquillo	624 SEA PINE WAY F-2 GREENACRES FL. 33415	
D. I.C.	It all additional Andalas		<del></del>
E. <u>If amen</u> (attach a	ding or adding additional Articles, edditional sheets, if necessary). (Be s	enter change(s) here: specific)	
<del> </del>			
· · · · · · · · · · · · · · · · · · ·			
			· · · · · ·
-			<u> </u>

The date of each amendment(s) a	adoption: 9/21/09
Effective date <u>if applicable</u> :	(date of adoption is required)
enceuve date <u>ir applicable</u> .	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/were adwas/were sufficient for approva	dopted by the members and the number of votes cast for the amendment(s) l.
There are no members or mem adopted by the board of directo	bers entitled to vote on the amendment(s). The amendment(s) was/were ors.
have no	charman or vice chairman of the board, president or other officer-if directors t been selected, by an incorporator – if in the hands of a receiver, trustee, or urt appointed fiduciary by that fiduciary)
_	HECTOR F. O'CAMPO  (Typed or printed name of person signing)
	PASTOR / PRESIDENT
	(Title of person signing)