N09000009800

(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
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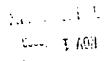
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COVER LETTER

TO: Amendment Section Division of Corporations

Tallahassee, FL 32314

NAME OF CORPORATION:	TO PENTECOSTAL R	ESTAURANDO	Y LEVANTANDO MINISTERIOS, I
DOCUMENT NUMBER:			
The enclosed Articles of Amendment and fee	are submitted for filing		
Please return all correspondence concerning the	nis matter to the followi	ng:	
LUCIA GARCIA			
	(Name of Cont	act Person)	
MOVIMIENTO PENTECOSTAL RESTAUR	RANDO Y LEVANTAI	NDO MINISTER	IOS, INC
· · · · · · · · · · · · · · · · · · ·	(Firm/ Cor	npany)	
4733 W. WATERS AVE APT 1712			
	(Addre	ss)	
TAMPA FL 33614			
	(City/ State and	l Zip Code)	
AMSPROS@YAHOO.COM			
E-mail address: (to	be used for future annu	al report notificat	ion)
For further information concerning this matter	, please call:		
JUAN MACIAS		813 at	774-0780
(Name of Contact	Person)	(Area Code	(Daytime Telephone Number)
Enclosed is a check for the following amount	made payable to the Flo	orida Department	of State:
■ \$35 Filing Fee		oy Cer opy is Cer (Ad	.50 Filing Fee tificate of Status tified Copy Iditional Copy is closed)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327		Street Address Amendment Se Division of Co The Centre of	rection rporations

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

MOVIMIENTO PENTECOSTAL RESTAURANDO Y LEVANTANDO MINISTERIOS, INC

(Name of Corporation as currently filed with the Flor N09000009800			
(Document N	Number of Corporation (if known)	_ _	
Pursuant to the provisions of section 617.1006, Florida S amendment(s) to its Articles of Incorporation:	Statutes, this Florida Not For Profit Corpo	ration adopts th	e following
A. If amending name, enter the new name of the corp	poration:		
			The new
name must be distinguishable and contain the word "cor "Company" or "Co." may not be used in the name.	poration" or "incorporated" or the abbre	viation "Corp."	or "Inc."
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDR</u>	<u>ESS</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		ne of the	20
new registered agent and/or the new registered of	fice address:		23
Name of New Registered Agent:		14°	
	(Florula street addre	(S) ## **	<u>-12</u>
New Registered Office Address:		114. 114. 117	3
	(City)	, Florida <u>選</u> 達 (Zip Code)	24
New Registered Agent's Signature, if changing Regist I hereby accept the appointment as registered agent. I a	tered Agent:	•	
	Signature of New Registered Agent if a	hanaina	

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)

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: X Change X Remove X Add	PT John D V Mike J SV Sally S	ones	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change Add	<u>v</u>	VASQUEZ, CARLOS G	4733 W WATERS AVE APT 1712 TAMPA, FL 33614
x Remove			
2) Change Add			
X Remove 3) Change Add Remove	<u>T</u>	GONZALEZ, ELVIRA	4733 W WATERS AVE APT 1712 TAMPA, FL 33614
4) Change Add			
Remove			
5) Change Add			
Remove			
6) Change Add			
Remove			
E. If amending or additional sheet		icles, enter change(s) here: (Be specific)	
			

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			<u> </u>			-
The distance of the control of the con-		10/05/2020				
The date of each amendment date this document was signed	t(s) adoption: L		<u> </u>	 -		, if other than the
date in decament was signed						
Effective date if applicable:	10/05/2020		- 			
	(n	o more than 90	days after ame	ndment file dat	e)	
Note: If the data incomed in the	sie bleek de	not mare the are	aliaahlu assass	m, 61i	monto this Jee-	ill may be lieved and a
Note: If the date inserted in the document's effective date on the	us block does he Departmen	not meet the app t of State's reco	oncapie statuto rds	ry ming require	ments, this date w	viii not be fisted as the
accoment 5 circuite date on t	ne Departmen	i or state s recor	ind,			
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.

	10/05/2020
Dated	
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)
	LUCIA GARCIA
	(Typed or printed name of person signing)