## N1000003160

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## **COVER LETTER**

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: 1918519 Cristiana Jeus Podery Gloria	9
DOCUMENT NUMBER: N 1000003160	
The enclosed Articles of Amendment and fee are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
Danys V Rodriguez  (Name of Contact Person)	
Islesia Cristiana Jesus Poder y Aloria, Inc. (Firm/Company)	
4450 NW B5 St (Address)	
Oper Lock G FC 3305 Y (City/ State and Zip Code)	
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Danys V 2001 UC2 at (186) 325 8414 (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:	
☐ \$43.75 Filing Fee & ☐ \$43.75 Filing Fee & ☐ \$52.50 Filing Fee Certificate of Status  Certificate of Status  (Additional copy is enclosed)  (Additional Copy is enclosed)	
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center Circle	

Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation

FILED

Idesia Cristiana Jesus Poc (Name of Corporation as currently filed with the Florida (Document Number of Corporation (if known) Pursuant to the provisions of section 617.1006, Florida Statutes, this Florida Not For Profit Corporation adopts 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" or the 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 <u>MUST BE A STREET ADDRESS</u>) C. Enter new mailing address, if applicable: (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: (Florida street address) New Registered Office Address: Florida\_ (Zip Code) (City)

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

## 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
<u>SvP</u>	Arturo Echavaroa	13520 SW 9th Place Davie FC 33325	Add Remove
			☐ Add ☐ Remove
			☐ Add ☐ Remove
• • •			☐ Add ☐ Remove
E. If amendin	g or adding additional Articles, enter of	change(s) here:	
(attach addi	tional sheets, if necessary). (Be specifi	(c)	
<del>.</del>			
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The date of each amendment(	s) adoption: May 20	2010
* *****	(date of adoption is red	quired)
Effective date if applicable:	(no more than 90 days after amen	ndment file date)
Adoption of Amendment(s)	(CHECK ONE)	1
The amendment(s) was/were was/were sufficient for appro	e adopted by the members and the number oval.	of votes cast for the amendment(s)
There are no members or m adopted by the board of dire	embers entitled to vote on the amendment ectors.	(s). The amendment(s) was/were
Dated	0/17/10	
have	the chairman or vice chairman of the board not been selected, by an incorporator – in recourt appointed fiduciary by that fiduciar	f in the hands of a receiver, trustee, or
	EVQ M 2001 (Typed or printed name of per	rson signing)
	Presidence (Title of person signing	<u>† .</u>

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