N10000003275

(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
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(Business Entity Name)
(Document Number)
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C.COULLIETTE

JAN 2 6 2011

EXAMINER

COVER LETTER

TO: Amendment Section Division of Corporations	ر مو ر			,
NAME OF CORPORATION:	st trate	unity Ten	telost	<u>al ehureh</u>
DOCUMENT NUMBER: AL 101	00003	75		
The enclosed Articles of Amendment	and fee are subm	nitted for filing.		
Please return all correspondence conc	erning this matte	r to the following:		
Pasteur HElisson	, Ate	Contact Person)		
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Porst Frote	nity /cr	LeCostal	churc	h Inc.
68615.	1).26	buch		
		idress)		
Mirama	r. Flori	1/03302	3	
1 .	(City/ State	and Zip Code)		
helissona E-mail add	ress: (to be used	Vohoo. C	DIN port notification	on)
For further information concerning th	is matter, please	call:		
11-11	ß		0.42	1-0-
(Name of Contact Person		at (3/15)	910-4	Telephone Number)
·	•	·	-	•
Enclosed is a check for the following	amount made pay	yable to the Florida	Department of	f State:
✓ \$35 Filing Fee		\$43.75 Filing Certified Copy (Additional copy		S52.50 Filing Fee Certificate of Status Certified Copy
		enclosed)		(Additional Copy is enclosed)
Mailing Address		Street Ac	<u>ldress</u>	

Amendment Section

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE Division of Corporations

December 29, 2010

HELISSON ALELUS FIRST FRATERNITY PENTECOSTAL CHURCH, INC 6861 SW 26 CT MIRAMAR, FL 33023

SUBJECT: FIRST FRATERNITY PENTECOSTAL CHURCH, INC.

Ref. Number: N10000003275

We have received your document for FIRST FRATERNITY PENTECOSTAL CHURCH, INC. and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The date of adoption/authorization of this document must be a date on or prior to submitting the document to this office, and this date must be specifically stated in the document. If you wish to have a future effective date, you must include the date of adoption/authorization and the effective date. The date of adoption/authorization is the date the document was approved.

You need to remove all the wording you are showing in paragraph E from your document. We cannot accept anything that can be considered derrogatory against someone that may have been in the corporation so, you must remove all the verbage from this document that may be damaging.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6903.

Cheryl Coulliette Regulatory Specialist II

Letter Number: 310A00029996

16te de Move From 68615.W. 26 \$ +0 61015.W. 23\$ + Miramar, Fil 33023

Thank you for your your your under stonding telisson

Division of Corporations - P.O. BOX 6327 - Tallahassee, Florida 32314

Articles of Amendment
to to
Articles of Incorporation 7.5
Kick Professily Keak Coula Church EnC.
(Name of Corporation as currently filed with the Florida Dept. of State)
Appendix Dept. of State
14/0000003915
(Document Number of Corporation (if known)
Propriet and the control of the Cont
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 Incomparties:
the following amendment(s) to its Articles of Incorporation:
A. If amending name, enter the new name of the corporation:
73.7. 14
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: 1 686/3w-26 Court
(Principal office address MUST BE A STREET ADDRESS)
Andres Charle Verse +0 Miraniar, In 133023
5/1/1/2 37 St
1010.00
C. Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX) (Mailing address MAY BE A POST OFFICE BOX)
1001
1011ramar, 1. 1.33023
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:
Oll office Alal C
Name of New Registered Agent // Helisson Helis
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61015.W. 238+ 68615 W. 36 Court
$A \cap A \cap$
61015.W. 238+ 68615 W. 36 Court
61015.W. 238+ 68615 W. 36 Court
New Registered Office Address: Mira max (City) (Elorida street address) (City) (Zip Code)
New Registered Office Address: (Florida street address) (City) New Registered Agent's Signature, if changing Registered Agent:
New Registered Office Address: (Florida street address) (City), (Florida street address) (City), (Zip Code) 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
New Registered Office Address: (Florida street address) (City) New Registered Agent's Signature, if changing Registered Agent:
New Registered Office Address: (Florida street address) (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.
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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)

Title	Name	Address	Type of Action
<u> </u>	Maryarita Mirzeyan Helisson Atelus	6801 SCOTT ST Holly wood, F1	Add Remove
<u> P</u>	<u>Helisson Atelus</u>	6101 SW 23 ST Mitraman, F1 38023	Add Remove
			Add Remove
	ling or adding additional Articles, enter c dditional sheets, if necessary). (Be specific		
			
			

The date of each amendment(s) a	doption:
Effective date if applicable:	(date of adoption is required)
Effective date in applicable:	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/were adwas/were sufficient for approval	opted by the members and the number of votes cast for the amendment(s)
There are no members or membadopted by the board of director	pers entitled to vote on the amendment(s). The amendment(s) was/were rs.
15/-	2/17)
Dated Signature	and
(By the chave not	chairman or vice chairman of the board, president or other officer-if directors been selected, by an incorporator – if in the hands of a receiver, trustee, or urt appointed fiduciary by that fiduciary)
· · · · · · · · · · · · · · · · · · ·	Ethisson Atelas
Tre	(Typed or printed name of person signing)
/-	(Title of person signing)