N10000003754

(Requestor's Name)
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(Address)
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Amend

C.COULLIETTE

FEB 2 9 2012

EXAMINER

COVER LETTER

Division of Corporations
NAME OF CORPORATION: Iglesia International Gracia de Dios
DOCUMENT NUMBER: N 1 0 0 0 0 0 0 3 7 5 4
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
BATTFORA, TOMAS (Name of Contact Person)
(Name of Contact Person)
Iglesia international Gracia de Dios
(Firm/ Company)
3917 Cocoplum cr
(Address)
Coconut creek, Fl. 33063 (City/State and Zip Code)
(City/ State and Zip Code)
E-mail address: (to be used for future annual report notification)
•
For further information concerning this matter, please call:
Cesar Torres at (S61) S061204 (Name of Contact Person) (Area Code & Daytime Telephone Number)
(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:
\$\begin{align*} \begin{align*} \begi

Mailing Address

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE Division of Corporations

December 30, 2011

TOMAS BATTIFORA
IGLESIA INTERNAITONAL "GRACIA DE DIOS"
3917 COCOPLUM CT
COCONUT CREEK, FL 33063

SUBJECT: IGLESIA INTERNATIONAL "GRACIA DE DIOS" INC.

Ref. Number: N1000003754

We have received your document for IGLESIA INTERNATIONAL "GRACIA DE DIOS" 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):

You must complete the application by filling in the area marked by red pen mark.

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: 111A00029014

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION:	ERNATIONAL G	RACIA DE DIOS
DOCUMENT NUMBER: N1000003	754	
The enclosed Articles of Amendment and fee are subr	mitted for filing.	
Please return all correspondence concerning this matter	er to the following:	
TOMAS BATTIFORA		
<u></u>	(Name of Contact Perso	n)
IGLESIA INTERNATION	IAL GRACI	A DE DIOS
	(Firm/ Company)	
3917 COCOPLUM CT		
	(Address)	
COCONUT CREEK, FL	33063	
,	(City/ State and Zip Cod	c)
E-mail address: (to be used	for future annual report	notification)
For further information concerning this matter, please	call:	
CESAR TORRES	_{ar} 561	չ5061204
(Name of Contact Person)	(Area Co	ode & Daytime Telephone Number)
Enclosed is a check for the following amount made page	yable to the Florida Depa	rtment 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 Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Amend Division Clifton 2661 E	Address ment Section of Corporations Building xecutive Center Circle ussee, FL 32301

Articles of Amendment to Articles of Incorporation

IGLESIA INTERNATIONAL GRACIA DE DIOS

(Name of Corporation as currently filed with the Florida Dept. of State) N10000003754 (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: 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 MUST BE A STREET ADDRESS) 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 (Citv) (Zip Code)

Page 1 of 4

Signature of New Registered Agent, if changing

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

New Registered Agent's Signature, if changing Registered Agent:

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:

Please note the officer/director title by the first letter of the office title:

(Attach additional sheets, if necessary)

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	<u>PT</u>	John Doc	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
Change Add X Remove	SEC	CYNTIA FLORES	
2) Change Add X Remove	TREA	MANUEL DIEZ C	
3) Change X Add Remove	V	CESAR TORRES	22529 SW 66TH AVE APT 312 BOCA RATON, FL 33428
4) Change Add Remove		<u> </u>	
5) Change Add Remove			
6) Change Add Remove			

If amending or adding additional Artic (attach additional sheets, if necessary).	(Be specific)
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The date of each amendment(s) adoption: DECEMBER 15/2011						
Eff	ective date if applicable:					
	(no more than 90 days after amendment file date)					
Ado	option of Amendment(s) (<u>CHECK ONE</u>)					
	The amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s) was/were sufficient for approval.					
8	There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors.					
	Dated 02/23/2012 Signature omas Battiforo R					
	(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)					
	TOMAS BATTIFORA					
	(Typed or printed name of person signing) PRESIDENT					
	(Title of person signing)					