

N1100000001212

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

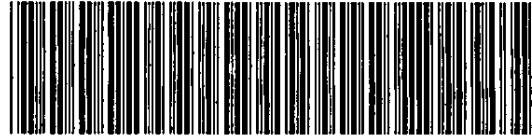
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only



000311419140

04/10/18--01013--010 **43.75

FILED
2018 APR 27 PM 3:33
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Amend/cus
Name chg

APR 27 2018
I ALBRITTON

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: EL Centro Cristiano El Shaddai, inc.

DOCUMENT NUMBER: N11000001212

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Manuel Rodriguez
(Name of Contact Person)

ECCES
(Firm/ Company)

119 tamiami trail suit A-B
(Address)

Port Charlotte FL. 33953
(City/ State and Zip Code)

pastorescn@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Manuel Rodriguez at 941-999-8160
(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:

- | | | | |
|--|---|---|--|
| <input type="checkbox"/> \$35 Filing Fee | <input checked="" type="checkbox"/> \$43.75 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &
Certified Copy
(Additional copy is
enclosed) | <input type="checkbox"/> \$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

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 11, 2018

MANUEL RODRIGUEZ
ECCES
119 TAMiami TRAIL - STE. A-B
PORT CHARLOTTE, FL 33953

SUBJECT: EL CENTRO CRISTIANO EL SHADDAI INC.
Ref. Number: N11000001212

We have received your document for EL CENTRO CRISTIANO EL SHADDAI INC. and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

You failed to check what action to take with the listed officer/directors.

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) 245-6050.

Irene Albritton
Regulatory Specialist II

Letter Number: 118A00007302

RECEIVED
18 APR 27 PM 2:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Articles of Amendment
to
Articles of Incorporation
of

FILED
2018 APR 27 PM 3:58
STATE OF FLORIDA
TALLAHASSEE

El Centro Centro Cristiano El Shaddai inc.

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

N11000001212

(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:

IGLESIA EVANGELICA EL SHADDAI INC. - IGLESIA EVANGELICA DISCIPULOS DE JESUCRISTO 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 MUST BE A STREET ADDRESS)

119 TAMIAMI TRAIL PORT CHARLOTTE, SUIT A-B, FL

C. Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)

4794 FLAMLAU AVE NORTH PORT FL. 34287

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: NORMA ORTIZ

4794 FLAMLAU AVE

(Florida street address)

New Registered Office Address:

NORTH PORT, Florida 34287
(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 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)

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:

<input checked="" type="checkbox"/> Change	<u>PT</u>	<u>John Doe</u>
<input checked="" type="checkbox"/> Remove	<u>V</u>	<u>Mike Jones</u>
<input checked="" type="checkbox"/> Add	<u>SV</u>	<u>Sally Smith</u>

<u>Type of Action</u> (Check One)	<u>Title</u>	<u>Name</u>	<u>Address</u>
1) <u>Add</u> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>P</u>	<u>CARLOS PINTO SANCHEZ</u>	<u>4794 FLAMLAU AVE</u> <u>NORTH PORT FL. 34287</u>
2) <u>Add</u> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>PV</u>	<u>NORMA ORTIZ</u>	<u>4794 FLAMLAU AVE</u> <u>PORT CHARLOTTE FL. 34287</u>
3) <u>Add</u> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>S</u>	<u>NELLY HERMIDA</u>	<u>340 PEARY DR</u> <u>VENICE FL. 34293</u>
4) <u>Add</u> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>T</u>	<u>ESTHER CORTES</u>	<u>22946 QUASAR</u> <u>PORT CHARLOTTE FL. 33952</u>
5) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u> </u>	<u> </u>	<u> </u> <u> </u>
6) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u> </u>	<u> </u>	<u> </u> <u> </u>

E. If amending or adding additional Articles, enter change(s) here:
(attach additional sheets, if necessary). (Be specific)

N/A

APRIL 4, 2018

The date of each amendment(s) adoption: _____, if other than the date this document was signed.

AT SOON APOSSIBLE

Effective date if applicable: _____
(no more than 90 days after amendment file date)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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.
- There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors.

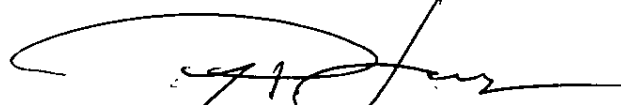
Dated APRIL 4, 2018 _____

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)

CARLOS PINTO SANCHEZ

(Typed or printed name of person signing)

PRESIDENT 

(Title of person signing)