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## **COVER LETTER**

TO: Amendment Section Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

NAME OF CORPORATION: TOLES	in Oristian	IA BUENAS NUEV	<u>A</u> S 11
DOCUMENT NUMBER: 11000	004910		_
The enclosed Articles of Amendment and fee are sub-	mitted for filing.		
Please return all correspondence concerning this matte	er to the following:		
Hisuel R. Rele	9	•	
	(Name of Contact Person	1)	_
IGLESIA CRISTIANA	BUENASN	ueurs inc	<u>.</u>
	(Firm/ Company)		
6801 River Dd			
	(Address)		_
THUPA FL 336	15		
7	(City/ State and Zip Cod	e)	— <del>-</del>
Yayablyo 1514 E-mail address: (to be used	a yahoo.c	.ow	
		notification)	· .
For further information concerning this matter, please	e call:		
Higuel R. Reyes (Name of Contact Person)	at ( 813	, 531 2930	
(Name of Contact Person)	(Area C	ode & Daytime Telephone Number)	
Enclosed is a check for the following amount made pa	ayable 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		Address Iment Section	
Amendment Section Division of Corporations	Divisio	on of Corporations	
P.O. Box 6327	Cliftor	Building	

2661 Executive Center Circle

Tallahassee, FL 32301

## **Articles of Amendment** to Articles of Incorporation of

(Name of Corporation as currently filed with the Florida Dept. of State)  (Name of Corporation as currently filed with the Florida Dept. of State)  (Document Number of Corporation (if known)  (Docum	he new
(Document Number of Corporation (if known)  (Document Number of Co	ESTE FLOP lowing
(Document Number of Corporation (if known)  The LAMASSEE, resuant to the provisions of section 617.1006, Florida Statutes, this Florida Not For Profit Corporation adopts the fol endment(s) to its Articles of Incorporation:  If amending name, enter the new name of the corporation:  The Sia De Restreadstess Bureak Livey Asia. The state of the corporation and the corporation adopts the following name, enter the new name of the corporation:	ESTE FLOP lowing
(Document Number of Corporation (if known)  THE AMASSEE, resuant to the provisions of section 617.1006, Florida Statutes, this Florida Not For Profit Corporation adopts the fol endment(s) to its Articles of Incorporation:  If amending name, enter the new name of the corporation:  THESA DE RESTERIOSTES BUFUAS LIVEYASING. THE	he new
endment(s) to its Articles of Incorporation:  If amending name, enter the new name of the corporation:  TOLESIA DE REUTELOSTES BUFUAS LIVEVASING. THE	he new
IGLESIA DE PRITEROSTES BUFUAS LIVEVASING. TI	<i>he ne</i> nc
TGLESIA DE REUTEQUISTES BUEUK LUEVASING. THE me must be distinguishable and contain the world "corporation" on "incorporated" or the abbreviation "Corp." or "	he nem
me must be distinguishable and contain the word "corporation" or "incorporated" or the abbreviation "Corp" or "	Inc."
ompany" or "Co." may not be used in the name.	
ompany or co. may not be used in the name	
Enter new principal office address, if applicable:	
incipal office address MUST BE A STREET ADDRESS )	
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
•	
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	
(City) (Zip Code)	
w Registered Agent's Signature, if changing Registered Agent:	
ereby accept the appointment as registered agent.—I am familjar with and accept the obligations of the position,	
N/A	
Signature of New Registered Agent if changing	
Signature of New Registered Agent, if changing	

Page 1 of 4

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: XChange 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>	<u>Addres</u> s
Change  Add  Remove	<u>T</u>	Zohaune felipe	4943 WISHART BWd, TAMPA FL, 33603-2828
2) Change Add Remove	T	FUSHLAUY FELIPE	4943 WISHART BUL, TAHRA, FL 33603-2828
3 ) Change Add Remove	工	CARLOS HERNAUDEZ	
4) Change Add Remove	工	ZURINE HERNAUDEZ	Circle TAMPA FL, 33634
5) Change Add Remove	T	ESTELA RODEIGUEZ	7914 CIERRA PALM P.R UNIT 102 TAUPA FL, 33615
6) Change Add		<u> </u>	
Remove		Da 2 : 6 (	

E. If amending or adding additional Arti- (attach additional sheets, if necessary).	cles, enter change(s) here: (Be specific)	š	
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The date of each amendment(s) a	dention: 2 14 201	·S	, if other than the
date this document was signed.	noprion:		If other than the
•	1/A		
Effective date <u>if applicable</u> :	(no more than W days after amendmen	t filë date)	
	•	tari	
Adoption of Amendment(s)	(CHECK ONE)	7 - <b>1797</b> 1 - 1797 1 - 1797	
☐ The amendment(s) was/were a was/were sufficient for approv	dopted by the members and the number of vote al.	s east for the amendment(s)	
There are no members or mem adopted by the board of direct	bers entitled to vote on the amendment(s). The ors.	amendment(s) was/were	
Dated	114 2015		
Signature	The contract of the contract o		
have not be	rman or vice chairman of the board, president over selected, by an incorporator – if in the hand appointed fiduciary by that fiduciary)		
Hia	JUEL R REVES		
	(Typed or printed name of person signing)	•	
P	RESIDENT		
	(Title of person signing)		