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(Re	equestor's Name)	
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(Cit	ty/State/Zip/Phone	e #)
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COVER LETTER

TO: Amendment Section Division of Corporations

Tallahassee, FL 32314

NAME OF CORPORATION: _		IS EVANGELICA	AL CHUR	CH, IN	C. 			
DOCUMENT NUMBER:	N11000007375							
The enclosed Articles of Amendn	nent and fee are subm	nitted for filing.						
Please return all correspondence o	oncerning this matte	r to the following:						
		JOSE MENDOZA	4					
	,	(Name of Contact	Person)					
	ALL NATION	IS EVANGELICA	L CHUR	CH, INC	2 .			
		(Firm/ Compa	my)	· · ·				
	6	5718 STARDUST	LN					7070
		(Address)						טנו
	(ORLANDO FL 32	818					-
	((City/ State and Zi	p Code)				0F 5 W.T.	
		ncm9010@gmail.c						ر. م
	address: (to be used		report noti	fication)		40	¢
For further information concernin	g this matter, please	call:						
Norma	L Delgado		407 at		367-8612			
(Nan	e of Contact Person)		(Area	Code)	(Daytime Te	lephone Nu	ımber)	
Enclosed is a check for the follow	ing amount made pa	yable to the Florid	la Departn	nent of S	State:			
□ \$35 Filing Fee □\$4 C	13.75 Filing Fee & in the second securificate of Status	■\$43.75 Filing Fe Certified Copy (Additional cop enclosed)		Certifi Certifi	Filing Fee cate of Status ed Copy ional Copy is sed)			
Mailing Addre Amendment Se Division of Cor P.O. Box 6327	ction		Street Ade Amendme Division o The Cent	nt Secti f Corpo				

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

FILED

Articles of Amendment to Articles of Incorporation of

ALL NATIONS EVANGELICAL CHURCH, INC.

(Name of Corporation as currently filed with the Florida I	Dept. of State)	
N11000007375		
(Document Numb	er of Corporation (if known)	
Pursuant to the provisions of section 617.1006, Florida Statute amendment(s) to its Articles of Incorporation:	es, this <i>Florida Not For Profit Corporat</i>	ion adopts the following
A. If amending name, enter the new name of the corporat	ion:	
name must be distinguishable and contain the word "corpora	tion" or "incorporated" or the abbrenia	The new
"Company" or "Co," may not be used in the name.	non or incorporated or the above sta	ист Согр. от тс.
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	
		2020 2870
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		SEP IC
D. If amending the registered agent and/or registered offinew registered agent and/or the new registered office a		of the
Name of New Registered Agent:		
New Registered Office Address:	(Florida street address) red Office Address:	
	, Fi	orida
	(City)	(Zip Code)
New Registered Agent's Signature, if changing Registered I hereby accept the appointment as registered agent. I am fa		the position.
Si	gnature of New Registered Agent, if cha	nging

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: X_Change X_Remove X_Add	PT John I V Mike SV Sally	<u>Iones</u>		
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s	
I) Change Add	<u>ST</u>	VERONICA RIVERA	848 ROSEMERE CIRCLE ORLANDO FL 32835	
XX Remove 2) Change Add	<u>PASTOI</u>	VICTOR JOSE RIVERA	848 ROSEMERE CIRCLE ORLANDO FL 32835	
xx Remove 3) Change Add Remove				
4) Change Add			2020 SE	
Remove 5) Change Add			010 PM 12: 58	į
Remove 6) Change Add				
E. If amending or add (attach additional she	ing additional Ar vets. if necessary).	ticles, enter change(s) here: (Be specific)		

was/were sufficient for approval.

Dated	9/4/2020	
Signature	José Mendoza	
Ü	the chairman or vice chairman of the board, president or other officer-if directors ave not been selected, by an incorporator – if in the hands of a receiver, trustee, or ther court appointed fiduciary by that fiduciary)	
	JOSE M. DR. MEDOZA	
	(Typed or printed name of person signing)	
	. PRESIDENT/PASTOR	
	(Title of person signing)	

There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were

adopted by the board of directors.

2020 SEP 10 PH 12: 57