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2018 MAY - 7 PH 3: 10
SELFETARY OF STATE
FALLAHASSEE, FLORID

C. GOLDEN

MAY = 9 2018

COVER LETTER

TO: Amendment Section Division of Corporations

Tallahassee, FL 32314

IGLESIA M	ARANATA DE OVIEI	OO. INC		
N12000003200				
DOCUMENT NUMBER:				
The enclosed Articles of Amendment and fee are	e submitted for filing.			
Please return all correspondence concerning this	matter to the following			
JOSE R TORRES-PORTALATIN				
	(Name of Contact	Person)		•
IGLESIA MARANATA DE OVIEDO, INC				
	(Firm/ Comp	any)		
P.O. BOX 621870				
	(Address)		
OVIEDO, FL 32762-1870				
	(City/ State and Z	ip Code)		
iglesia_maranata@yahoo.com				
E-mail address: (to be	e used for future annual	report notificat	ion)	
For further information concerning this matter, p	olease call:			
JOSE R TORRES-PORTALATIN		407 at	716-7403	
(Name of Contact P	'erson)	(Area Code	e) (Daytime Telephone Number)	er)
Enclosed is a check for the following amount ma	ade payable to the Floric	a Department	of State:	
☐ \$35 Filing Fee ☐ \$43.75 Filing Fee Certificate of St	ee & S43.75 Filing Flatus Certified Copy (Additional copenciosed)	Cer y is Cer (Ac	2.50 Filing Fee tificate of Status tified Copy Iditional Copy is closed)	
Mailing Address Amendment Section		Street Addres Amendment Se		
Division of Corporations P.O. Box 6327	Division of Corporations Clifton Building			

2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment Articles of Incorporation of

FILED

2010 MAY - 7 PM 3: 10

				TOTO TIA! -
(Name of Corporation	as currently	filed with the Flor	ida Dept. of State)	SECRETAR
112000003200				SECRETARY TALLAHASSI
(Docur	ment Number	of Corporation (if kr	nown)	
suant to the provisions of section 617.1006. Floendment(s) to its Articles of Incorporation:	rida Statutes.	this <i>Florida Not Fo</i>	r Profit Corporation ac	lopts the following
If amending name, enter the new name of the	e corporation	<u>ı;</u>		
A				The new
e must be distinguishable and contain the word mpany" or "Co." may not be used in the nam		n" or "incorporatea	l" or the abbreviation :	
Enter new principal office address, if applica) blo	N/A		
ncipal office address <u>MUST BE A STREET A</u>				
	_	···		
	_			
Enter new mailing address, if applicable: (Mailing address <u>MAY BE A POST OFFICE</u>	<u>BOX</u>)	∜A		
	_			
	-			
f amending the registered agent and/or reginew registered agent and/or the new register			enter the name of the	
Name of New Registered Agent:	N/A	iress.		
Name of New Registered Agent.	N/A		·	
	-	(Fla	orida street address)	
New Registered Office Address:				
New Registered Office Address.				
New Registered Cypice Address.	N/A	(City)	Florida	N/A

'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	<u>V</u> <u>Mik</u>	n Doe te Jones y Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	<u>T</u>	ERIKA ROBLES SANTIAGO	13811 TEA ROSE DR
Add			ORLANDO, FL
X Remove			32828
2) Change	<u>T</u>	Ariel Sotomayor	1098 Manigan Ave
X Add		J	Oviedo, 71. 32765
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

If amending or adding additional sheets, if needs	cessary). (Be	specific)					
/A							
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		<u>, </u>					
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					·	<u> </u>	
					<u> </u>		

The date of each amendm date this document was sig		, if other than th
Effective date if applicable	le: (no more than 90 days after amendment file date)	
	in this block does not meet the applicable statutory filing requirements, this date will not on the Department of State's records.	be listed as the
Adoption of Amendment((s) (<u>CHECK ONE</u>)	
☐ The amendment(s) was/were sufficient fo	as/were adopted by the members and the number of votes cast for the amendment(s) or approval.	
There are no members adopted by the board	s or members entitled to vote on the amendment(s). The amendment(s) was/were of directors.	
Dated Signature	4/15/18	
(By ha	the chairman or vice chairman of the board, president or other officer-if directors ve not been selected, by an incorporator – if in the hands of a receiver, trustee, or her court appointed fiduciary by that fiduciary)	_
	JOSE R TORRES-PORTALATIN	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	