12000006938

(Requestor's Name)			
(Address)			
(Ac	ddress)		
(Ci	ty/State/Zip/Phone	:#)	
PICK-UP	☐ WAIT	MAIL	
(Bı	usiness Entity Nam	ne)	
(Do	ocument Number)		
Certified Copies	_ Certificates	of Status	
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OCT 22 2014 C. CARROTHERS

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION		CENTER NAPLES IN	1 C.		
DOCUMENT NUMBER:	N12000006938				
The enclosed Articles of Am	endment and fee are subm	itted for filing.			
Please return all corresponde	ence concerning this matter	to the following:			
Albet V Carrasquillo					
	(Name of Contact Perso	en)		-
NEW FAITH LEVEL MINI	STRIES INC.				
		(Firm/ Company)			
Po. Box 770213					
		(Address)			
Miami, Florida 33177					
	(City/ State and Zip Coo	ie)		
Alvc6078@yahoo.com					
E	-mail address: (to be used	for future annual report	notification	1)	
For further information conc	erning this matter, please of	eall:			
Pastor Albert V Carrasqui	ilio	78 at	36	230-4402	
	(Name of Contact Person)		rea Code)	(Daytime Teleph	one Number)
Enclosed is a check for the f	ollowing amount made pay	vable to the Florida Dep	partment of	State:	
□ \$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	Certif Certif	0 Filing Fee icate of Status ied Copy tional Copy is osed)	epo 1 h di
Mailing A			Address		
Amendme		Amendment Section Division of Corporations			
P.O. Box	of Corporations		on or Corpo n Building	OI GUUIIS	
	e, FL 32314			Center Circle	

Tallahassee, FL 32301

	Article	es of Amendment	<u>يَّة</u> إِنْ الْمُعَالِّينِ الْمُعَالِّينِ الْمُعَالِّينِ الْمُعَالِّينِ الْمُعَالِّينِ الْمُعَالِّينِ الْمُعَا
		to	ري هين از هين
	Article	s of Incorporation	
		of	6,3
FAITH CHRISTIAN CENTER NAPLES INC.			C) 1
(Name of Corporation	n or currer	tly filed with the Florida Dept. o	f State)
	<u>r as currer</u>	tity thee with the Plotida Dept. o	۲- ز
N12000006938			<u> </u>
(Docum	ment Numb	per of Corporation (if known)	Q
Pursuant to the provisions of section 617.1006, Floamendment(s) to its Articles of Incorporation:	orida Statut	es, this <i>Florida Not For Profit Cor</i>	poration adopts the following
A. If amending name, enter the new name of th	e corporat	ion:	
NEW FAITH LEVEL MINISTRIES INC.			
			The new
name must be distinguishable and contain the word <u>"Company" or "Co." may not be used</u> in the nam		tion" or "incorporated" or the abo	breviation "Corp." or "Inc."
Company of Co. may not be used in the name	2: ·	10454 NW 31 TERR	
B. Enter new principal office address, if applica			
(Principal office address <u>MUST BE A STREET A</u>	<u>IDDRESS</u>) DORAL FL, 33182	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	BOX)	PO.BOX 770213 MIAMI FL, 3	3177
D. If amending the registered agent and/or regi			ame of the
new registered agent and/or the new register		address:	
Name of New Registered Agent:	N/A		
	10454 N	W 31 TERR	
New Registered Office Address		(Florida street ad	dress)
New Negisiereu Office Audress.			00400
	DORAL		33182 , Florida
		(City)	(Zip Code)
New Registered Agent's Signature, if changing			e.a
I hereby accept the appointment as registered ager	nt. I am fa	miliar with and accept the obligati	ons of the position.
-	S	ignature 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 <math>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 <u>Doe</u> e <u>Jones</u> y <u>Smith</u>	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) X Change	PD	ALBERT V CARRASQUILLO	10454 NW 31 TERR
Add			DORAL FL, 33182
Remove			
2) X Change	VD	JANICE CARRASQUILLO	10454 NW 31 TERR
Add			DORAL FL,33182X
Remove	TSD	CHERI B NIELSEN	15275 COLLIER BLVD #201- 367
3) X Change		CHING DIVIDESEIV	NAPLES FL, 34119
Add			
4) Change			
Add Remove			
5) Change			
Add Remove			
6) Change			
Add			
Remove			

E. If amending or adding additional Art (attach additional sheets, if necessary).	(Be specific)			
	ARTICLE I			
MEMBERS		•		
THIS CORPORATION SHALL HAVE N	O VOTING MEMBERS		<u>-</u>	<u>.— —.</u>
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	N/A	
The date of each amendment(s) ac	loption:	, if other than the
date this document was signed.		
N/A		
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this blo document's effective date on the De	ock does not meet the applicable statutory filing requirements, this partment of State's records.	s date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were as was/were sufficient for approve	dopted by the members and the number of votes cast for the ameral.	ndment(s)
There are no members or mem- adopted by the board of direct	bers entitled to vote on the amendment(s). The amendment(s) was	is/were
Dated 10/	14/2015	
Signature Woo	t lavrasails	
(By the chair	man or vice chairman of the board, president or other officer-if	lirectors
have not be	en selected, by an incorporator - if in the hands of a receiver, tru	stee, or
other court	appointed fiduciary by that fiduciary)	
ALBER	T V CARRASQUILLO	
	(Typed or printed name of person signing)	
PRESID	DENT	
	(Title of person signing)	