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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPORATIO	IGLESIA LLUVIA D On:	DE VIDA Y ESPE	RANZA,	INC.		
	N14000001127			-	-	
DOCUMENT NUMBER:					<u> </u>	
The enclosed Articles of Am	endment and fee are subm	nitted for filing.				
Please return all corresponde	nce concerning this matter	r to the following:				
CARMEN L. SILVA						
	(	(Name of Contact	Person)	· · · ·		
SCRIBE ACCOUNTING S	ERVICES INC					
		(Firm/ Compa	any)			
3950 SOUTHPOINTE DR I	JNIT 407					
		(Address)	)			
ORLANDO, FL 32822						
	(	(City/ State and Z	ip Code)			
scribeaccountingservices@l	ive.com					
E	-mail address: (to be used	for future annual	report not	ification	)	
For further information conc	erning this matter, please o	call:				
CARMEN L SILVA			(321) at		594-0450	
	(Name of Contact Person)				(Daytime Teleph	ione Number)
Enclosed is a check for the f	ollowing amount made pay	yable to the Florid	la Departi	nent of S	State:	
■ \$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing F Certified Copy (Additional cop enclosed)		Certifi Certifi	Filing Fee cate of Status ed Copy ional Copy is sed)	

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

## Articles of Amendment to Articles of Incorporation

IGLESIA LLUVIA DE VIDA Y ESPERANZA, INC.		<del> </del>		
(Name of Corporation as co	urrently filed with	the Florida Dept	. of State)	
N1400001127		_	· · · · · · · · · · · · · · · · · · ·	<del></del>
(Document )	Number of Corpora	ation (if known)		
Pursuant to the provisions of section 617.1006, Florida Sumendment(s) to its Articles of Incorporation:	Statutes, this <i>Florid</i>	la Not Før Profit C	Corporation adopts the	following
A. If amending name, enter the new name of the corp	poration:			
				The new
name must be distinguishable and contain the word "con "Company" or "Co," may not be used in the name.	rporation" or "inc	corporated" or the	abbreviation "Corp." o	r "Inc."
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDR</u>	(ESS)			
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	)			
D. If amending the registered agent and/or registered new registered agent and/or the new registered of		Florida, enter the	e name of the	
Name of New Registered Agent:				
New Registered Office Address:	(Floridu street address)			
New Registered Office Hauress.				
	(City)	<del>-</del>	, Florida (Zip Code)	<del></del>
N 5	·		(Dip Colle)	
New Registered Agent's Signature, if changing Regist I hereby accept the appointment as registered agent. I d		nd accept the oblig	ations of the position.	
	-			
	<del> </del>			
	Signature of N	ew Registered Age		_
			SEP.	77
	Page 1 of 4		20 Ste	<u> </u>
			O S	

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 Do V Mike Jo SV Sally Sn	nes	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
I) Change	S/T	MARILYN ACEVEDO	103 POINSETTIA DR
Add			KISSIMMEE, FL 34743
X Remove	·		
2) Change	S/T	ADANIVIA ZAMARRIPA	4843 BARNSTEAD DR
XAdd			RIVERVIEW, FL 33578
Remove			
3 ) Change	<del></del>		
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific)
NO OTHER CHANGES

	te this document was signed.	, if other than the
Effe	SEPTEMBER 1, 2018 fective date <u>if applicable</u> :	
	(no more than 90 days after amendment file date)	
	te: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not cument's effective date on the Department of State's records.	be listed as the
Ado	loption of Amendment(s) ( <u>CHECK ONE</u> )	
	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 SEPTEMBER 13, 2018	
	Signature Muland Bold	_
	(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)	
	ALEXANDER BALDARRAMA	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	