

N14000001923

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

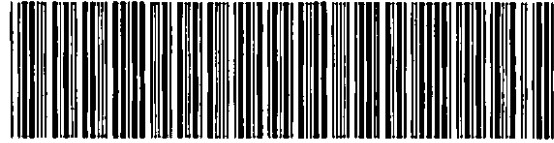
(Business Entity Name)

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DEPT OF STATE
CORPORATION DIVISION
21 JAN 9 10 54 AM

Amend/Name Change

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COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Iglesia Cristiana Puerta Del Cielo De Kissimmee FL INC

DOCUMENT NUMBER: N141000001923

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Albert Otero or Gloria Otero

(Name of Contact Person)

(Firm/ Company)

1103 Spring Meadows Dr

(Address)

Kissimmee FL 34741

(City/ State and Zip Code)

gotero1976@yahoo.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Gloria Otero

(Name of Contact Person)

at 407-459-9171

(Area Code) (Daytime Telephone Number)

Enclosed is a check for the following amount made payable to the Florida Department 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

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address

Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Articles of Amendment
to
Articles of Incorporation
of

21 SEP 2010
STATE OF FLORIDA
DEPARTMENT OF REVENUE

(Name of Corporation as currently filed with the Florida Dept. of State)

Iglesia Cristiana Puerta Del Cielo De Kissimmee FL, Inc.

(Document Number of Corporation (if known))

Pursuant to the provisions of section 617.1006, Florida Statutes, this *Florida Not For Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

A. If amending name, enter the new name of the corporation:

Iglesia Nuevo Comienzo, Inc

The new

name must be distinguishable and contain the word "corporation" or "incorporated" or the abbreviation "Corp." or "Inc." "Company" or "Co." may not be used in the name.

Enter new principal office address, if applicable:

Principal office address MUST BE A STREET ADDRESS)

2824 Michigan Ave

Kissimmee FL 34744

Suite-K

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

1103 Spring Meadow Dr

Kissimmee FL 34741

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:

Albert Otero

2824 Michigan Ave - Suite-K

(Florida street address)

New Registered Office Address:

Kissimmee

(City)

Florida 34744

(Zip Code)

Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.



Signature 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 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:

<input checked="" type="checkbox"/> Change	<u>PT</u>	<u>John Doe</u>
<input checked="" type="checkbox"/> Remove	<u>V</u>	<u>Mike Jones</u>
<input checked="" type="checkbox"/> Add	<u>SV</u>	<u>Sally Smith</u>

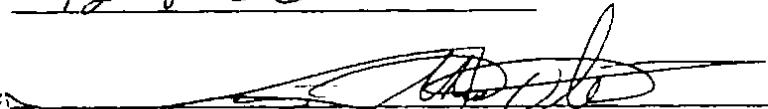
<u>Type of Action</u> (Check One)	<u>Title</u>	<u>Name</u>	<u>Address</u>
<input type="checkbox"/> Change <input checked="" type="checkbox"/> Add	<u>P</u>	<u>Albert Oten</u>	<u>1103 Spring Meadow Dr</u> <u>Kissimmee FL 34741</u>
<input type="checkbox"/> Remove			
<input type="checkbox"/> Change <input checked="" type="checkbox"/> Add	<u>V</u>	<u>Gloria Oten</u>	<u>1103 Spring Meadow Dr</u> <u>Kissimmee FL 34741</u>
<input type="checkbox"/> Remove			
<input type="checkbox"/> Change <input checked="" type="checkbox"/> Add	<u>S</u>	<u>Migdalis Z Fragela</u>	<u>10149 Eastmar Common Blvd</u> <u>Apt # 1627</u> <u>Orlando FL 32825</u>
<input type="checkbox"/> Remove			
<input type="checkbox"/> Change <input type="checkbox"/> Add			
<input type="checkbox"/> Remove			
<input type="checkbox"/> Change <input type="checkbox"/> Add			
<input type="checkbox"/> Remove			

If amending or adding additional Articles, enter change(s) here:

attach additional sheets, if necessary). (Be specific)

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 12-8-20

Signature: 

(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)



(Typed or printed name of person signing)



(Title of person signing)