N 1400009763

(Red	questor's Name)	
(Add	dress)	
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(City	//State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
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(Dox	cument Number)	
Certified Copies	Certificates	s of Status
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COVER LETTER

NAME OF CORPORATION: IGLESIA DE CRISTO DE DOVER, INC. DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: (Firm/ Company) For further information concerning this matter, please call: Enclosed is a check for the following amount made payable to the Florida Department of State: \$35 Filing Fee \$\Bigsup \$43.75 Filing Fee & \$\Bigsup \$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certificate of Status Certified Copy (Additional copy is Certified Copy enclosed) (Additional Copy is Enclosed)

Mailing Address

TO: Amendment Section

Division of Corporations

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 Amendment	2n.
A	to rticles of Incorporation	(A)
	of	The second se
Iglesia De C	risto De Do	over, Inc. a Dept. of State)
	000009763	,
	Number of Corporation (if known	wn)
rsuant to the provisions of section 617,1006, Florida 5 nendment(s) to its Articles of Incorporation:		
If amending name, enter the new name of the cor	porațion:	
		The new
me must be distinguishable and contain the word "co ompany" or "Co." may not be used in the name.	rporation" or "incorporated"	
Enter new principal office address, if applicable:		
rincipal office address <u>MUST BE A STREET ADD</u>	RESS)	
		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX	()	
		<u> </u>
f amending the registered agent and/or registere		nter the name of the
new registered agent and/or the new registered of	mce address:	
Name of New Registered Agent:	<u> </u>	
New Pagistared Office Address	(Flori	ida street address)
<u>New Registered Office Address:</u>		
		, Florida
	(City)	(Zip Code)
	stered Agent:	
w Registered Agent's Signature, if changing Regis		
	am familiar with and accept th	e obligations of the position.
w Registered Agent's Signature, if changing Registereby accept the appointment as registered agent. I	am familiar with and accept th	e obligations of the position.
	am familiar with and accept the Signature of New Register.	

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	PT John I V Mike J SV Sally S	<u>lones</u>	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change Add Remove	<u>D</u> .	Rafael Martinez Rivera	605 Avocado dr. Settner Fl. 33584
2) Change	<u>D</u>	Andres E. Palacios	3314 Silverpand Dr. Plant City, FL, 33566
Remove 3) Change Add Remove	<u>D</u>	Freddie Boom	3150 kex Ave Dover, FL 33527
4) Change Add Remove			
5) Change Add Remove			
6) Change Add Remove			

E. If amending or adding additional Art (attach additional sheets, if necessary).	icles, enter change(s) here: (Be specific)
	
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date	this document was signed.
Effe	ctive date if applicable:
	(no more than 90 days after amendment file date)
	E: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the unent's effective date on the Department of State's records.
Ado	ption of Amendment(s) (CHECK ONE)
Ø	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 1/16/2018 Signature Market de Cari
	(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)
	Director (Title of person signing)

The date of each amendment(s) adoption: ______, if other than the