## N1500001737

(Re	questor's Name)	<del> </del>
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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

P.O. Box 6327

Tallahassee, Fl. 32314

ASOCIACION NAME OF CORPORATION:	DE PASTORES DEL NOMBRE DE JESUCRISTO, INC.
N15000001737 DOCUMENT NUMBER:	
The enclosed Articles of Amendment and fee are	submitted for filing.
Please return all correspondence concerning this	matter to the following:
	OSCAR A ENCISO
	(Name of Contact Person)
	(Firm/ Company)
830 EAST	OAKLAND PARK BLVD. UNIT-110.
	(Address)
	OAKLAND PARK, FL 33334
	(City/ State and Zip Code)
	pastor.oscarenciso@gmail.com
E-mail address: (to be	used for future annual report notification)
For further information concerning this matter, pl	lease call:
Oscar A Enciso	754 207-7077
(Name of Contact Po	
Enclosed is a check for the following amount ma	de payable to the Florida Department of State:
☐ \$35 Filing Fee ☐ \$43.75 Filing Fe Certificate of St	
Mailing Address  Amendment Section	Street Address Amendment Section
Division of Corporations	Division of Corporations

Clifton Building

2661 Executive Center Circle

Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of

ASOCIACION DE PASTORES DEL NOMBRE DE JESUCRISTO, INC

	TORES DEE NOMBRE DE SESSORIA	
(Name of Corporation as curr	rently filed with the Florida Dept. of Sta	<u>te</u> )
N	115000001737	
(Document Nu	mber of Corporation (if known)	<del></del>
Pursuant to the provisions of section 617.1006, Florida Statamendment(s) to its Articles of Incorporation:	tutes, this Florida Not For Profit Corpora	tion adopts the following
A. If amending name, enter the new name of the corpor	rat <u>ion:</u>	
FIESTA DE PENT	ECOSTES INTERNACIONAL INC.	The new
name must be distinguishable and contain the word "corpo "Company" or "Co." may not be used in the name.	oration" or "incorporated" or the abbrevi	ation "Corp." or "Inc."
B. Enter new principal office address, if applicable:		<u></u>
(Principal office address <u>MUST BE A STREET ADDRES</u>	<u>SS</u> )	17 EC 15
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)  D. If amending the registered agent and/or registered of new registered agent and/or the new registered office  Name of New Registered Agent:		AN 8 PM 3: 46  LLAHASSEE, FL  of the
New Registered Office Address:	(Florida street address)	,
	, i	lorida
	(City)	Florida (Zip Code)
New Registered Agent's Signature, if changing Register I hereby accept the appointment as registered agent. I am	red Agent: a familiar with and accept the obligations o	of the position.
	Signature of New Registered Agent, if ch	anging

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>PT</u> <u>V</u> <u>SV</u>	John Doe Mike Jones Sally Smith	
Type of Action (Check One)	Title	<u>N</u> ame	<u>Addres</u> s
1) Change			
Add			
Remove			
2) Change			
Add			,
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

(attach additional sheets, if necessary). (Be specific)							
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	date of each amendment(s) adoption:, if other than this document was signed.	h
Effe	ective date if applicable:	
	(no more than 90 days after amendment file date)	
Not doc	e: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the ument's effective date on the Department of State's records.	
Ade	option of Amendment(s) (CHECK ONE)	
	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	
	PRESIDENT	
	(Title of person signing)	