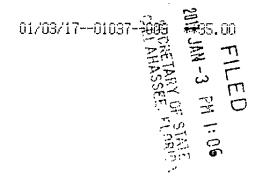
## N1500000 2212

(Rec	questor's Name)	·		
(Add	dress)			
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(City/State/Zip/Phone #)				
PICK-UP	☐ WAIT	MAIL		
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(Dod	cument Number)	)		
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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

Tallahassee, FL 32314

CONGREGACION M NAME OF CORPORATION:	IESIANICA CONE	CTZION, INC	
N15000002212 DOCUMENT NUMBER:			
The enclosed Articles of Amendment and fee are submi	itted for filing.		
Please return all correspondence concerning this matter	to the following:		
CARMEN J. DIEPPA-DIAZ			
(	Name of Contact Pe	erson)	
CONGREGACION MESINICA CONECTZION, INC.			
	(Firm/ Company	·)	
PO BOX 2412			
	(Address)		
VALRICO, FL 33594			
. (	City/ State and Zip	Code)	1
conectzion@gmail.com		•	
E-mail address: (to be used to	for future annual rep	ort notification	)
For further information concerning this matter, please can	all:		
CARMEN J. DIEPPA-DIAZ	at	813	324-7455
(Name of Contact Person)	w	(Area Code)	(Daytime Telephone Number)
Enclosed is a check for the following amount made pay	able to the Florida I	Department of S	State:
\$35 Filing Fee \$\Bigcup \text{\$\frac{1}{2}\$\$ \$43.75 Filing Fee \$\&\Discrete{1}\$\$ Certificate of Status	\$43.75 Filing Fee Certified Copy (Additional copy in enclosed)	Certifi s Certifi	O Filing Fee cate of Status ed Copy cional Copy is sed)
Mailing Address  Amendment Section  Division of Corporations P.O. Box 6327	An Di	reet Address nendment Secti vision of Corpo	

2661 Executive Center Circle Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of

CONGREGACION MESIANICA CONECTZION, INC				
(Name of Corporation as cu	rrently filed with the Florida Dept. of S	tate)		
N15000002212				
(Document N	umber of Corporation (if known)			
Pursuant to the provisions of section 617.1006, Florida St amendment(s) to its Articles of Incorporation:	atutes, this Florida Not For Profit Corpor	ration adopts the following		
A. If amending name, enter the new name of the corpo	oration:	•		
N/A		The new		
N/A- name must be distinguishable and contain the word "corp "Company" or "Co." may not be used in the name.	poration" or "incorporated" or the abbre	viation "Corp. cor "Inc."		
B. Enter new principal office address, if applicable:	445 LITHIA PINECREST RD.			
(Principal office address <u>MUST BE A STREET ADDRI</u>	BRANDON, FL 33511	Fig. Ph		
		26 7		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	NA	5.11		
<ul> <li>If amending the registered agent and/or registered new registered agent and/or the new registered off</li> </ul>	omice address in Florida, enter the namice address:	ie or the		
Name of New Registered Agent:	NA			
New Registered Office Address:	(Florida street address)			
Ten negistered Office numress.	NA	, Florida (Zip Code)		
	(City)	(Zip Code)		
New Registered Agent's Signature, if changing Registe I hereby accept the appointment as registered agent. I a	ered Agent: m familiar with and accept the obligation:	s of the position.		
	Signature of New Registered Agent, if o	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:  X Change X Remove X Add	<u>PT</u> <u>V</u> <u>SV</u>	John Do Mike Jo Sally Sn	<u>nes</u>		
Type of Action (Check One)	<u>Title</u>		Name		Address
1) Change Add Remove		_		-	
2) Change		_		-	
Remove 3 ) Change Add Remove		-		-	
4) Change Add Remove		_		-	
5) Change Add Remove			***************************************		
6) Change Add Remove				-	

amending or adding additional Arti tach additional sheets, if necessary).	(Be specific)
	•
*1,	·
	Market Market 1990

• '		12/30/2016	
	e date of each amendment(s) adopti e this document was signed.		, if other than the
Effe	ective date <u>if applicable</u> :		
		(no more than 90 days after amendment file date)	
	te: If the date inserted in this block deturnent's effective date on the Department.	oes not meet the applicable statutory filing requirements, this date winent of State's records.	ll not be listed as the
Ado	option of Amendment(s)	( <u>CHECK ONE</u> )	
	The amendment(s) was/were adopte was/were sufficient for approval.	ed by the members and the number of votes cast for the amendment(s	)
	There are no members or members adopted by the board of directors.	entitled to vote on the amendment(s). The amendment(s) was/were	
	Dated	2016	
	Signature	<u>&gt;</u> '	· <del></del>
	have not been se	or vice chairman of the board, president or other officer-if directors elected, by an incorporator – if in the hands of a receiver, trustee, or inted fiduciary by that fiduciary)	
	CARMEN J	DIEPPA-DIAZ	
		(Typed or printed name of person signing)	
	V PRESIDEN	NT	
		(Title of person signing)	