## N15000002212

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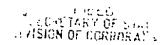
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## COVER LETTER .

TO: Amendment Section Division of Corporations



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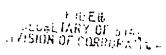
CONGRE NAME OF CORPORATION:	EGACION MESIANICA (	CONECTZION, II	IC.	
N1500000221				
The enclosed Articles of Amendment and for	ee are submitted for filing.			<u>-</u>
Please return all correspondence concerning	this matter to the following	ng:		
CARMEN J. DIEPPA-DIAZ				
	(Name of Cont	act Person)		
CONGREGACION MESINICA CONEC	TZION. INC			
	(Firm/ Con	npany)		
312 BENSON ST				
	(Addre	ss)		
VALRICO, FL 33594				
	(City/ State and	Zip Code)		
conectzion@gmail.com				
E-mail address: (	to be used for future annu	al report notification	n)	
For further information concerning this matt	er, please call:			
CARMEN J. DIEPPA-DIAZ		813 at _	967-0671	
(Name of Contr	act Person)		(Daytime Telephone Number	r)
Enclosed is a check for the following amour	nt made payable to the Flo	rida Department of	State:	
	ng Fee & \$\sum \\$43.75 \text{ Filing} \text{ of Status} & Certified Cop (Additional centlosed)	oy Certi opy is Certi (Add	0 Filing Fee ficate of Status fied Copy itional Copy is osed)	
Mailing Address		Street Address		

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

Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tailahassee, FL 32301

## Articles of Amendment to Articles of Incorporation

of



CONGREGACION MESIANICA CONECTZION, INC

	urrently filed with the Flor	ida Dept. of Hatell 26 AHII: 13
N15000002212		
(Document	Number of Corporation (if kr	nown)
Pursuant to the provisions of section 617.1006, Florida samendment(s) to its Articles of Incorporation:	Statutes, this Florida Not Fo	r Profit Corporation adopts the following
A. If amending name, enter the new name of the cor	poration:	
		The new
name must be distinguishable and contain the word "co "Company" or "Co," may not be used in the name.	rporation" or "incorporated	" or the abbreviation "Corp." or "Inc."
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDR</u>	RESS)	
		<del>u = 1111</del>
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX	)	
D. If amending the registered agent and/or registere new registered agent and/or the new registered of		enter the name of the
Name of New Registered Agent:		
_	· (Fl	orida street address)
New Registered Office Address:	,	
		, Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if changing Regis		
l hereby accept the appointment as registered agent. I	am familiar with and accept	the obligations of the position.
	Signature of New Registe	ered Avent 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: X Change X Remove X Add	<u>V</u> <u>Mik</u>	n <u>Doe</u> re Jones ry Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1)Change	ELDER	ROMAY, CARLOS	P.O. BOX 2412
Add			VALRICO, FL 33594
X Remove			<del></del> -
2) Change			
Add			<del>-</del>
Remove			<del></del> .
3 ) Change			<del></del>
Add			<del> </del>
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

lf amending or adding additional Art attach additional sheets, if necessary).	(Be specific)			
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	7/19/2018	
The date of each amendment date this document was signed	•	_, if other than the
Effective date if applicable:	7/19/2018	
	(no more than 90 days after amendment file date)	
	his block does not meet the applicable statutory filing requirements, this date will not b he Department of State's records.	e listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/w was/were sufficient for ap	vere adopted by the members and the number of votes cast for the amendment(s) pproval.	
There are no members or adopted by the board of	members entitled to vote on the amendment(s). The amendment(s) was/were directors.	
7/19/ Dated	2018	
4	Della make	
Signature	c chairman or vice chairman of the board, president or other officer-if directors	-
have r	not been selected, by an incorporator – if in the hands of a receiver, trustee, or court appointed fiduciary by that fiduciary)	
VI	CTOR J. DIAZ	
_	(Typed or printed name of person signing)	
PF	RESIDENT	
_	(Title of person signing)	