# N15000002235

| (Re                     | questor's Name)  |             |
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| PICK-UP                 | ☐ WAIT           | MAIL        |
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## **COVER LETTER**

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|--|--|--|--|-------------|----------------------|
| TO: Amendment Section Division of Corporations | <b>%</b><br>s                            |  |  | **          | <i>≩</i><br><b>%</b> |
| NAME OF CORPORATIO                             |  | Pentecost  | al Produ   | amani)      | o Liberacio          |
| DOCUMENT NUMBER: _                             | N  | 1500000.   | 2235   |             | ****                 |
| The enclosed Articles of Ame                   | endment and fee are su                   | abmitted for filing.   |  |             |                      |
| Please return all corresponder                 |  |  |  |             |                      |
| Iv.  | ette Ce                                  | Les triN<br>(Name of Contact Perso                                   |  |             |                      |
|  |  | (Name of Contact Perso   | n)   |             |                      |
|  |  | Lecostal PRI<br>(Firm/Company)                                       |  | To Lik      | peracion Inc         |
| _  |  | • • •  |  |             |                      |
| 580  | oz Mak                                   | oma Dr. (Address)  | Ste #3   |             |                      |
|  |  | (Address)  |  |             |                      |
|  | O  | R ando 1- (City/ State and Zip Coo                                   | -L 328   | 39          |                      |
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| Е-   | I Q le Sia Da<br>Madi address: (to be us | IVA Cristo o sed for future annual report                            | amail.c  | om          |                      |
| For further information conce                  | erning this matter, plea                 | se call:   |  |             |                      |
|  | ^ /                                      |  | 407.20   | 3/1 - 1/6   | 19                   |
|  | Name of Contact Pers                     | TN - Agentat (A  | rea Code) (Daytim  | e Telephone | Number)              |
| Enclosed is a check for the fo                 | ollowing amount made                     | payable to the Florida Dep   | partment of State:   |             |                      |
| \$35 Filing Fee                                | □\$43.75 Filing Fee Certificate of Statu | & U\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed) | □\$52.50 Filing F Certificate of St Certified Copy (Additional Coperation of St) Enclosed) | atus        |                      |

## **Mailing Address**

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**

## **Articles of Incorporation**

| lalesia  | Pentecostal | Proclamando | Liberacion | Inc. |  |  |
|--|-------------|-------------|------------|------|--|--|
| (Name of Corporation as currently filed with the Florida Dept. of State) |             |             |            |      |  |  |
| N15000000000   |             |             |            |      |  |  |

(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 Diatates, tills i terrua  | Tion I of I raya Corp            | vianos adopts die ionoving  |
|---|-----------------------------|----------------------------------|-----------------------------|
| A. If amending name, enter the new name of the co   | orporation: ch Ine DBA      | But a (su Doing<br>glesia Ciudae | de Esperanza                |
| name must be distinguishable and contain the word " "Company" or "Co." may not be used in the name.       | corporation" or "inco       | rporated" or the abbi            | reviation "Corp. "or" Ina " |
| B. Enter new principal office address, if applicable (Principal office address MUST BE A STREET ADI       | e: 5802<br>DRESS)<br>OR 1 a | Makon<br>ndo, Fl                 | J2819 F                     |
| C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO                     | <u> </u>                    |                                  |                             |
| D. If amending the registered agent and/or registe new registered agent and/or the new registered         |                             | Florida, enter the na            | me of the                   |
| Name of New Registered Agent:   | N/A                         |                                  |                             |
| New Registered Office Address:  | · <b>'</b>                  | (Florida street add              | ress)                       |
|   | Same.                       |                                  | , Florida                   |
| <del></del>   | (City)                      |                                  | , Florida<br>(Zip Code)     |
| New Registered Agent's Signature, if changing Reg<br>I hereby accept the appointment as registered agent. |                             | d accept the obligatio           | ns of the position.         |
| _1  | quette (                    | Delestre                         | <u>ت</u>                    |
| _   | Signature of Ne             | w Registered Agent, i            | f 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 <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 A Add | PT John Doe Y Mike Jones SV Sally Smith |                 |
|----------------------------------|---|-----------------|
| Type of Action<br>(Check One)    | <u>Title</u> <u>Name</u>                | <u>Addres</u> s |
| 1) Change Add Remove             | Does not apply                          |                 |
| 2) Change Add                    | N/A                                     |                 |
| Remove 3) Change Add             | N/A                                     |                 |
| Remove 4) Change Add             |   |                 |
| Remove  5) Change Add            | N/A                                     |                 |
| Remove  6)Change Add Remove      | N/A                                     |                 |

| E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific) |  |  |   |  |   |   |
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|   |  |  |   |  |   |   |

| The date of each amendment(s) adoption: June 1 , 2016 late this document was signed.   | _, if other than the |
|--|----------------------|
| Effective date if applicable: 10 ne 12, 2016  (no more than 90 days after amendment file date)   |                      |
| (no more than 90 days after amendment file date)   |                      |
| Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be document's effective date on the Department of State's records. | e listed as the      |
| Adoption 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 June 16, 2016  |                      |
| Dated June 16, 2016 Signature Jutte Celestri   | _                    |
| (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)  | ie lestrm            |
| President  |                      |
| (Title of person signing)  |                      |