N15000004391

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COVER LETTER

TO: Amendment Section Division of Corporations

Tallahassee, FL 32314

NAME OF CORPORATION:	ORACION Y REST	rauracion	CHURCH OF GOD INC.
DOCUMENT NUMBER: N15000004391			
The enclosed Articles of Amendment and fee are submi	tted for filing.		
Please return all correspondence concerning this matter	to the following:		
KOLOSOVA, GABRIELA			
	Name of Contact Pe		
201 N 57TH AVE	, ,	,	
	(Address)		
HOLLYWOOD, FLORIDA, 33021			
((City/ State and Zip (Code)	
MAR.CHGOD.MIA@GMAIL.COM			
E-mail address: (to be used for	or future annual rep	ort notification	i)
For further information concerning this matter, please ca	all:		
KOLOSOVA, GABRIELA	at	786	7071720
(Name of Contact Person)		(Area Code)	(Daytime Telephone Number)
Enclosed is a check for the following amount made paya	able to the Florida I	Department of	State:
■ \$35 Filing Fee □\$43.75 Filing Fee & □ Certificate of Status	\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	Certifi Certifi	Filing Fee cate of Status ed Copy ional Copy is sed)
Mailing Address Amendment Section Division of Corporations	Am Div	eet Address endment Secti rision of Corpo	rations
P.O. Box 6327	The	e Centre of T	allahaceno

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation

FILED

MINISTERIO DE ADORACION Y RESTAURA	CION CHU	JRCH OF GOD INC.	•	**************************************
(Name of Corporation as currently filed with the Florida Dept. of State)			2023 OCT 24	AH IO: L
N15000004391			SECLE	77 A=
(Docum	nent Numbe	er of Corporation (if known)	TALL	- 11 STAT E SUE, FI
Pursuant to the provisions of section 617.1006, Floamendment(s) to its Articles of Incorporation:	rida Statute	s, this <i>Florida Not For Profit C</i>	Corporation adopts t	he following
A. If amending name, enter the new name of the	e corporati	on:		
N/A				The new
name must be distinguishable and contain the word "Company" or "Co." may not be used in the name		ion" or "incorporated" or the a	ubbreviation "Corp.	" or "Inc."
B. Enter new principal office address, if applica		N/A		
(Principal office address <u>MUST BE A STREET A</u>				
				
				_
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	ROX)	N/A		
(17071)			
				_
			<u>. </u>	
D. If amending the registered agent and/or regis			name of the	
new registered agent and/or the new register		EZ, RICARDO		
Name of New Registered Agent:				
	6175 NW			
New Registered Office Address:		(Florida street	address)	
	HIALEAF	ł	3301: , Florida	5
		(City)	(Zip Code)	
New Registered Agent's Signature, if changing F	Registered	Agent: 1		
I hereby accept the appointment as registered agen	t. I am fan	niliar with and proeply the obliga	ations of the position	1.
_	Sig	nature Registered Ager	u, 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	PT John Do V Mike Jo SV Sally S	ones	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
Change Add	р	RIVERA, SINAI	2271 SW FILLMORE STREET PORT SAINT LUCIE, FL 34953
 X Remove 2) X Change Add 	<u>P</u>	MOROS, GUSTAVO	3358 W 97 ST, HIALEAH FL, 33018
Remove 3) × Change Add Remove	D, VP	MORALES, NAIRIT	3358 W 97 ST, HIALEAH FL, 33018
4) <u>× Change</u> Add	<u>S</u>	KOLOSOVAS, GABRIELA	17966 NW 59TH AVE, APT 106 HIALEAH, FL, 33018
Remove 5) Change x Add	<u>D</u>	GONZALEZ, RICARDO	6175 NW 186TH, HIALEAH FL, 33015
6) Change Add	<u>D</u>	VELANDRIA, DANIEL	17960 NW 59TH AVE, HIALEAH FL, 33015
E. If amending or additional sheet		icles, enter change(s) here: (Be specific)	

-			<u>. </u>
		**	
			
The date of each amendment(s) adopti	n:		, if other than the
date this document was signed.	2		
Effective date if applicable: 10/16/202			
	(no more than 90) days after a	mendment file date)	
Note: If the date inserted in this block do document's effective date on the Department.	es not meet the applicable statent of State's records.	tutory filing requirements,	this date will not be 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 10/16/2023 Signature				
(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)				
Kolosovas Gabriela				
(Typed or printed name of person signing)				
Secretary				
(Title of person signing)				



August 10, 2023

GABRIELA KOLOSOVA 201 N 57TH AVE HOLLYWOOD, FL 33021

SUBJECT: MINISTERIO DE ADORACION Y RESTAURACION CHURCH OF

GOD INC.

Ref. Number: N15000004391

We have received your document for MINISTERIO DE ADORACION Y RESTAURACION CHURCH OF GOD INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Florida nonprofit corporations are required to have at least 3 directors or trustees. Please place the letter "D" or "T" beside the names and business addresses of each director or trustee.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Morgan E Lovett Regulatory Specialist II

DUT 2 4 2025

Letter Number: 623A00018185

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