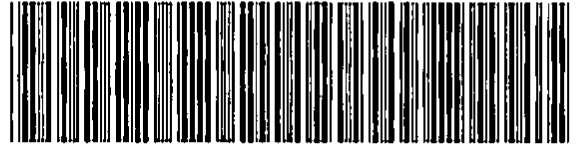


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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only

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2021 OCT 22 PM 4:12

CLERK OF STATE
TALLAHASSEE, FL

A. BUTLER
OCT 26 2021

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: IGLESIA COMUNIDAD DE GRACIA

DOCUMENT NUMBER: N15000007459

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

ALIZA REYNAGA MENDOZA
Name of Contact Person

IGLESIA COMUNIDAD DE GRACIA
Firm/ Company

11513 S Orange Blossom Trail,
Address

Orlando, FL 32837
City/ State and Zip Code

ICGKISSIMMEE@GMAIL.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ALIZA REYNAGA MENDOZA at (407) 8517270
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department of State:

- \$35 Filing Fee
- \$43.75 Filing Fee & Certificate of Status
- \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)
- \$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)

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

Street Address
Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303



2021 OCT 22 AM 8:03

FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 6, 2021

ALIZA REYNAGA MENDOZA
IGLESIA COMUNIDAD GRACIA
11513 S ORANGE BLOSSOM TRAIL
ORLANDO, FL 32837 US

SUBJECT: IGLESIA COMUNIDAD DE GRACIA, INC.
Ref. Number: N15000007459

We have received your document for IGLESIA COMUNIDAD DE GRACIA, 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):

The document you submitted has been prepared pursuant to profit statutes (chapter 607, Florida Statutes). As the entity was originally filed as a nonprofit corporation, this document should be filed pursuant to chapter 617, Florida Statutes.

We are enclosing the proper form(s) with instructions for your convenience.

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.

Anissa Butler
Regulatory Specialist II

Letter Number: 121A00024215

Articles of Amendment
to
Articles of Incorporation
of

FILED

IGLEISA COMUNIDAD DE GRACIA

(Name of Corporation as currently filed with the Florida Dept. of State)

2021 OCT 22 PM 4: 12

N1500007459

(Document Number of Corporation (if known))

OFFICE OF STATE
TALLAHASSEE, FL

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. If amending name, enter the new name of the corporation:

The new name must be distinguishable and contain the word "corporation" or "incorporated" or the abbreviation "Corp." or "Inc." "Company" or "Co." may not be used in the name.

B. Enter new principal office address, if applicable:

*(Principal office address **MUST BE A STREET ADDRESS**)*

C. Enter new mailing address, if applicable:

*(Mailing address **MAY BE A POST OFFICE BOX**)*

D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:

Name of New Registered Agent: ALIZA REYNAGG MENDOZA

11513 S ORANGE BLOSSOM TRAIL

(Florida street address)

New Registered Office Address:

ORLANDO

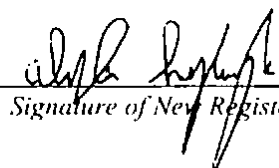
(City)

Florida 32837

(Zip Code)

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.



Signature of New Registered Agent, if changing

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, an 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:

Change PT John Doe

Remove V Mike Jones

Add SV Sally Smith

<u>Type of Action</u> (Check One)	<u>Title</u>	<u>Name</u>	<u>Address</u>
1) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>S</u>	<u>ALIZA REYNAGA MENDOZA</u>	<u>11513 S Orange Blossom Trail, Orlando, FL 32837</u>
2) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	<u>P</u>	<u>RAMON SORIANO</u>	<u>11513 S Orange Blossom Trail, Orlando, FL 32837</u>
3) <input type="checkbox"/> Change <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove	<u>P</u>	<u>KEVIN D. WILLIAMS II</u>	<u>2371 Painter Lane, Kissimmee, FL 34741</u>
4) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>D</u>	<u>HECTOR D. ABRAHAM</u>	<u>11513 S Orange Blossom Trail, Orlando, FL 32837</u>
5) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	_____	_____	_____
6) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	_____	_____	_____

The date of each amendment(s) adoption: _____, if other than the date this document was signed.

Effective date if applicable: August 15, 2021
(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 listed as the document's effective date on the Department of State's records.

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 August 15, 2021

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)

Kevin D. Williams II

(Typed or printed name of person signing)

President

(Title of person signing)