N150000009262

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TO: Amendment Section
Division of Corporations

IGLESIA FUENTE DE AMOR Y GRACIA, CORP

NAME OF CORPORATION:	
N15000009262	
DOCUMENT NUMBER:	
The enclosed Articles of Amendment and fee are sul	bmitted for filing.
Please return all correspondence concerning this mat ANTONIO PIO	tter to the following:
	(Name of Contact Person)
	(Firm/ Company)
8400 SW 46TH ST	
	(Address)
MIAMI, FL 33155	
	(City/ State and Zip Code)
pioraquel@aol.com	
E-mail address: (to be use	ed for future annual report notification)
For further information concerning this matter, pleas	se call:
ANTONIO PIO	786 390-8480 at
(Name of Contact Perso	
Enclosed is a check for the following amount made p	payable to the Florida Department of State:
■ \$35 Filing Fee □\$43.75 Filing Fee & Certificate of Status	

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

Articles of Amendment to Articles of Incorporation of

IGLESIA FUENTE DE AMOR Y GRACIA, CORP

2707 21 PH 3:41

(Name of Corporation as currently filed with the F	lorida Dept. of State)	
N15000009262	_	
(Documen	nt Number of Corporation (f known)
Pursuant to the provisions of section 617.1006, Floridamendment(s) to its Articles of Incorporation:	a Statutes, this <i>Florida Not</i>	For Profit Corporation adopts the following
A. If amending name, enter the new name of the co PRIMERA IGLESIA MISION MUNDIAL EN MIAN		The new
name must be distinguishable and contain the word "c "Company" or "Co." may not be used in the name.	corporation" or "incorpor	ated" or the abbreviation "Corp." or "Inc."
B. Enter new principal office address, if applicable (Principal office address MUST BE A STREET ADD		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	<u>)X</u>)	
D. If amending the registered agent and/or register new registered agent and/or the new registered		da, enter the name of the
Name of New Registered Agent:		
<u>New Registered Office Address:</u>		(Florida street address)
<u>_</u>		, Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if changing Reg I hereby accept the appointment as registered agent.	istered Agent: I am familiar with and acc	ept the obligations of the position.
	Signature of New Reg	gistered Agent, 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>PT</u> <u>V</u> <u>SV</u>	John Doe Mike Jones Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change Add			
Remove			
2) Change Add			
Remove 3) Remove Add Remove			
4) Change Add			
Remove			
5) Change Add			
Remove			
6) Change Add		 	
Remove			
E. If amending or addin (attach additional shee)	g additio ts, if nece	nal Articles, enter change(s) here: ssary). (Be specific)	
40.			
			
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The date of such amountment	(a)la=tia=.	07/14/2020			*C .ddd
The date of each amendment date this document was signed				·	, if other than th
Effective date if applicable:	07/20/2020				
	(n	o more than 90 days	after amendment f	île date)	
Note: If the date inserted in the document's effective date on the	is block does i ie Department	not meet the applicat of State's records.	ole statutory filing	requirements, this date	e will not be listed as the
Adoption of Amendment(s)	(9	CHECK ONE)			
☐ The amendment(s) was/w was/were sufficient for ap	ere adopted by	r the members and th	e number of votes	cast for the amendme	nt(s)

	07/20/2020
Dated	
Signatur	e
	(By the 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) ANTONIO PIO
	ANTONIO FIO
	(Typed or printed name of person signing)