

NIS 000009542

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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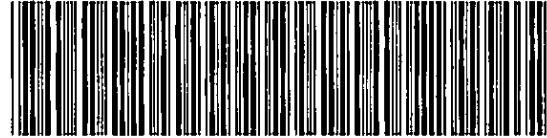
(Business Entity Name)

(Document Number)

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**COVER LETTER**

TO: Amendment Section  
Division of Corporations

NAME OF CORPORATION: IGLESIA DE DIOS REVELACION DIVINA, INC

DOCUMENT NUMBER: N15000009542

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

Please return all correspondence concerning this matter to the following:

EVA RIVERA DE SALAS  
(Name of Contact Person)

IGLESIA DE DIOS REVELACION DIVINA, INC  
(Firm/ Company)

5041 OKECHOBEE BLVD  
(Address)

WEST PALM BEACH, FL 33417  
(City/ State and Zip Code)

edrevelaciondivina@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

EVA RIVERA DE SALAS at 561 509-4071  
(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:

- |   |   |  |  |
|---|---|--|--|
| <input checked="" type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee & Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed) | <input type="checkbox"/> \$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

Articles of Amendment  
to  
Articles of Incorporation  
of

IGLESIA DE DIOS REVELACION DIVINA, INC

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

N1500009542

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

CASA DE DIOS REVELACION DIVINA, INC

*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:**

5041 Okechobee Blvd

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

West Palm Beach, FL 33417

**C. Enter new mailing address, if applicable:**

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

1708 Walden Lane

West Palm Beach, FL 33406

**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:*

*Jos Orlando Salas*

*(Florida street address)*

*New Registered Office Address:*

*5041 Okechobee Blvd*, Florida *33417*

*(City)*

*(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*

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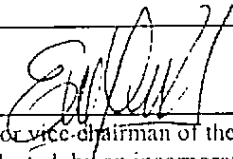
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- There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors.

Dated 01/02/2021 \_\_\_\_\_

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)

Eva Rivera de Salas  
\_\_\_\_\_  
(Typed or printed name of person signing)

Pastor  
\_\_\_\_\_  
(Title of person signing)