

N15 000009542

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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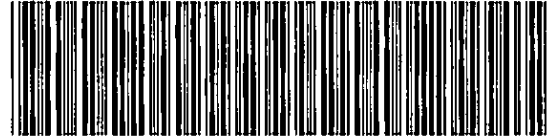
(Business Entity Name)

(Document Number)

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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)

cddrevelaciondivina @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

561

509-4071

at

(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)
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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)

N15000009542

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

Effective date if applicable: _____
(no more than 90 days after amendment file date)

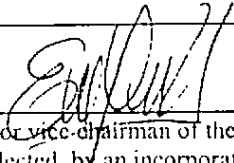
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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 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)