N15000009649

(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

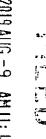


900332900909

08/09/19++01005-+020 **35.00

S TALLEN AUG 1 5 2019

2019 AUG -9 AM 11: 42



COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: Igusia De Dios Pentecostal Maimianto Internacional Inc. 120
DOCUMENT NUMBER:
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
new antonio Ortiz
(Name of Contact Person)
Iglesia De Déas Penterostal Movimiento Internacional Inc. (Firm/ Company)
12621 Balcombe Road (Address)
Orland's Fi 32837 (City/ State and Zip Code)
E-mail address:)(to be used for future annual report notification)
For further information concerning this matter, please call:
(Name of Contact Person) at 407 \$56 7997 (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 & □ \$43.75 Filing Fee & □ \$52.50 Filing Fee Certificate of Status (Additional copy is enclosed) □ \$35 Filing Fee & □ \$52.50 Filing Fee Certificate of Status (Additional Copy is Enclosed)

Mailing Address

Amendment Section
Division of Corporations
P.O. Box 6327

Street Address

Amendment Section
Division of Corporations
Clifton Building

Articles of Amendment to Articles of Incorporation

ostal Honariento Internaciona (Name of Corporation as currently filed with the Florida Dept. of State) (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: 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: (Florida street address) New Registered Office Address: , Florida _ (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,

Dogo 1 of 4

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, 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.

١

Example: X Change X Remove X Add	<u>V</u> <u>Mi</u>	<u>hn Doe</u> ike Jones Ily Smith	
Type of Action (Check One)	Title	<u>Name</u>	Address
1) Change Add Remove	SIL	Jorathan O. Idrovo Avila	1367 Domas Dr. Jacksonville, 4 322
2) Change Add Remove			
3) Change Add Remove			
4) Change Add Remove			
5) Change Add Remove			
Change Add Remove			

attach additional sheets, if necessary).	cles, enter change(s) here: (Be specific)		
			·
			<u> </u>
	·		
- <u>-</u>			
			
			
			_
			
		<u> </u>	
			
	<u> </u>		<u> </u>
			
	<u> </u>		
			· <u>-</u>

The date of each amendment(s) adoption:	ما در داد ما در ما در اداد داد داد داد داد داد داد داد دا
date this document was signed.	, if other than th
Effective date if applicable: B.6.19	
(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 didocument's effective date on the Department of State's records.	ate 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 was/were sufficient for approval.	uent(s)
There are no members or members entitled to vote on the amendment(s). The amendment(s) was/w adopted by the board of directors.	'ere
Dated 8619	
Signature	
(By the chairman or vice chairman of the board, president or other officer-if direct have not been selected, by an incorporator – if in the hands of a receiver, trustee, other court appointed fiduciary by that fiduciary)	tors or
(Typed or printed name of person signing)	_
PD	
(Title of person signing)	