N150000009966

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION:	TECOSTAL "IMPAC"	TO DE RESTA	NURACION", INC.	
N15000009966				
DOCUMENT NUMBER:				
The enclosed Articles of Amendment and fee ar	e submitted for filing.			
Please return all correspondence concerning this	s matter to the following	ā:		
REV. JOSE A RIVERA				
	(Name of Contac	rt Person)		
	(Firm/ Comp	oany)		
1007 MANATEE AVE				
	(Address	;)		
BRADENTON, FL 34208				
	(City/ State and 2	Zip Code)		
PASTORCANDELA@AOL.COM				
E-mail address: (to b	e used for future annual	report notifica	ation)	
For further information concerning this matter, p	olease call:			
REV. JOSE A RIVERA		941 at	281-9797	
(Name of Contact P	erson)	(Area Coc	le) (Daytime Telep	hone Number)
Enclosed is a check for the following amount ma	ade payable to the Flori	da Departmen	t of State:	
☐ \$35 Filing Fee ☐ \$43.75 Filing Fe Certificate of Sta		py is Co	2.50 Filing Fee entificate of Status entified Copy additional Copy is inclosed)	
Mailing Address Amendment Section		Street Addre		

Division of Corporations P.O. Hon 6727 Tallahussee, FL 32314 A constraint Section

Division of Corporations

The Centre of Tellahassee

2415 N. Monroe Street, Suite 810

Farianassee, pr. 52505

Articles of Amendment to Articles of Incorporation of

(Name of Corporation as currently filed with the Florida I	Dept. of State)	•		
IGLESIA PENTECOSTAL "IMPACTO DE RESTAURACI	ON", INC.			
(Document Numb	er of Corporation (if known)	· · · · · · · · · · · · · · · · · · ·		
Pursuant to the provisions of section 617.1006, Florida Statute amendment(s) to its Articles of Incorporation:	es, this <i>Florida Not For Profit Corp</i>	ooration adopts the	e following	
A. If amending name, enter the new name of the corporat	<u>ion:</u>			
IGLESIA DE DIOS PENTECOSTAL "IMPACTO DE REST	'AURACION", INC.		The new	
name must be distinguishable and contain the word "corpora "Company" or "Co." may not be used in the name.	tion" or "incorporated" or the abbi	reviation "Corp."	or "Inc."	
B. Enter new principal office address, if applicable:	1007 MANATEE AVE E.			
(Principal office address MUST BE A STREET ADDRESS	BRADENTON, FL 34208			
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	705 22ND AVE W.			
	BRADENTON, FL 34205			
			-	
D. If amending the registered agent and/or registered office a new registered agent and/or the new registered office a		me of the		
Name of New Registered Agent:				
New Registered Office Address:		; ; ;	na kar eng	
		,	()	
	(City)	(Alp Code)	7	
New Registered Agent's Signature, it changing Registered		•	聖二	
i neveby accept the conottonent as registered agent. I am ku	яннаг жин ана ассерсіне өвінганы	ns of the bosition. *-	=======================================	

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 De Mike Jo Sally Sr	<u>ines</u>	
Type of Action (Check One)	<u>Title</u>		Name	<u>Addres</u> s
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			cles, enter change(s) here: (Be specific)	
		· 		
				

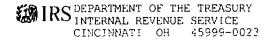
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The date of each amendmen date this document was signed	t(s) adoption:				, if other than the
	-11/1/2020				
Effective date if applicable:		han 90 days after	amendment file d	ate)	
Note: If the date inserted in the document's effective date on t	nis block does not meet he Department of State	the applicable states records.	itutory filing requ	irements, this date wil	I not be listed as the

The amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s) was/were sufficient for approval.

(<u>CHECK ONE</u>)

Adoption of Amendment(s)

rd of directors.
12/01/2020
w Spi /)
By the chairman of 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)
REVEREND JOSE A RIVERA
(Typed or printed name of person signing)
PRESIDENT / PASTOR



Date of this notice: 12-01-2020

Employer Identification Number:

85-4092661

Form: SS-4

Number of this notice: CP 575 E

IGLESIA DE DIOS PENTECOSTAL IMPACTO DE RESTAURACION 705 22ND AVE W BRADENTON, FL 34205

For assistance you may call us at: 1-800-829-4933

IF YOU WRITE, ATTACH THE STUB AT THE END OF THIS NOTICE.

WE ASSIGNED YOU AN EMPLOYER IDENTIFICATION NUMBER

Thank you for applying for an Employer Identification Number (EIN). We assigned you EIN 85-4092661. This EIN will identify you, your business accounts, tax returns, and documents, even if you have no employees. Please keep this notice in your permanent records.

When filing tax documents, payments, and related correspondence, it is very important that you use your EIN and complete name and address exactly as shown above. Any variation may cause a delay in processing, result in incorrect information in your account, or even cause you to be assigned more than one EIN. If the information is not correct as shown above, please make the correction using the attached tear-off stub and return it to us.

When you submitted your application for an EIN, you checked the box indicating you are a non-profit organization. Assigning an EIN does not grant tax-exempt status to non-profit organizations. Publication 557, Tax-Exempt Status for Your Organization, has details on the application process, as well as information on returns you may need to file. To apply for recognition of tax-exempt status under Internal Revenue Code Section 501(c)(3), organizations must complete a Form 1023-series application for recognition. All other entities should file Form 1024 if they want to request recognition under Section 501(a).

Nearly all organizations claiming tax-exempt status must file a Form 990-series annual information return (Form 990, 990-EZ, or 990-PF) or notice (Form 990-N) beginning with the year they legally form, even if they have not yet applied for or received recognition of tax-exempt status.

Unless a filing exception applies to you (search www.irs.gov for Annual Exempt Organization Return: Who Must File), you will lose your tax-exempt status if you fail to file a required return or notice for three consecutive years. We start calculating this three-year period from the tax year we assigned the EIN to you. If that first tax year isn't a full twelve months, you're still responsible for submitting a return for that year. If you didn't legally form in the same tax year in which you obtained your EIN, contact us at the phone number or address listed at the top of this letter.

For the most current information on your filing requirements and other important intormation, visit www.irs.gov/charities.

(IRS USE ONLY) 575E

IMPORTANT REMINDERS:

- * Keep a copy of this notice in your permanent records. This notice is issued only one time and the IRS will not be able to generate a duplicate copy for you. You may give a copy of this document to anyone asking for proof of your EIN.
- Use this EIN and your name exactly as they appear at the top of this notice on all
 your federal tax forms.
- * Pefer to this EIN on your tax-related correspondence and documents.
- · Provide future officers of your organization with a copy of this notice.

Your name control associated with this EIN is IGLE. You will need to provide this information, along with your EIN, if you file your returns electronically.

If you have questions about your EIN, you can contact us at the phone number or address listed at the top of this notice. If you write, please tear off the stub at the bottom of this notice and include it with your letter. Thank you for your cooperation.

Keep this part for your records.

CP 575 E (Rev. 7-2007)

Return this part with any correspondence so we may identify your account. Please correct any errors in your name or address.

CP 575 F

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INTERNAL REVENUE SERVICE CINCINNATI OH 45999-0023 IGLESIA DE DIOS PENTECOSTAL IMPACTO DE RESTAURACION 705 22ND AVE W BRADENTON, FL 34205