## N15760

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PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	
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05/08/24--01026--020 \*\*52.50



<u>COVER LETTER</u>
TO: Amendment Section Division of Corporations
NAME OF CORPORATION: Renovacion Carismatica Catolica Hisparia
DOCUMENT NUMBER: N15760
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
EVY PERALTA
Renovación Casismatica Catolica Hispana, Inc. (Firm/Company)
500 NW 22 AVE
Miami, FL 33125
(City/ State and Zip Code)  RCCH. Finance @RCCH Miami. OR6  E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
EVY PERALTA at 305. 302. 5234 (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  Certificate of Status  (Additional copy is enclosed)  Certificate of Status  Certified Copy  (Additional Copy is Enclosed)

Mailing Address
Amendment Section Division of Corporations P.O. Box 6327

Street Address
Amendment Section Division of Corporations The Centre of Tallahassee ,INC

## Articles of Amendment

to

Articles of Incorporation
Kenovarion Carismatica Catalica Hispana, Ton
(Name of Corporation as currently filed with the Florida Dept. of State)
N15760
(Document Number of Corporation (if known)
Pursuant to the provisions of section 617.1006, Florida Statutes, this <i>Florida Not For Profit Corporation</i> adopts the following amendment(s) to its Articles of Incorporation:
A. If amending name, enter the new name of the corporation:
$\mathcal{N}/\Delta$ 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: (Principal office address MUST BE A STREET ADDRESS)
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)    Mailing address MAY BE A POST OFFICE BOX)
(making duaress <u>BLAT BE A FOST OFFICE BOA</u> )
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:
FULL D. PRONTO
Name of New Registered Agent: LV   LRALIA
500 NW 22 AVE
(Florida street address) * New Registered Office Address:
Minus 2210r
· · · · · · · · · · · · · · · · · · ·
New Registered Agent's Signature, if changing Registered Agent:
I hereby accept the appointment as registered agent. I am familiar withau ducrept the obligations of the position.
9KO10 VIable
Signature of New Registered Agent, if charleging
The state of the s

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: XChange X Remove X Add	PT         John D           V         Mike J           SV         Sally S	<u>ones</u>	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change Add	PD	Jose Chirinos	500 NW 22 AVE MIAMI, FL 33/25
Remove  2) Kemove Change Add	1	EVYR. PERALTA	500 NW 22AUR HIAMI, FL 33125
Remove Change Add Remove	1	Cesar BRAN	500 NW 22 Ave MIRMI, F. 33125
4) Change Add		N/O	
Remove  5) Change Add		N/0	
Remove 6) Change Add		N/A	
E. If amending or additional sheet		icles, enter change(s) here: (Be specific)	
		N/A	

	N/A	
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	N/A	
The date of each amendment(s) adoption:date this document was signed.	165	, if other than the
Effective date if applicable:	15T, 2024	
(no more t	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 men adopted by the board of direct	mbers entitled to vote on the amendment(s). The amendment(s) was/were tors.
Dated 04	128/2024
Signature	Meathal
(By the cha	irman or vice chairman of the board, president or other officer-if directors
	een selected, by an incorporator – if in the hands of a receiver, trustee, or
other cour	t appointed fiduciary by that fiduciary)
	EVIJ R. PERALTA
	(Typed or printed name of person signing)
	DiRector
	(Title of person signing)



June 5, 2024

EVY PERALTA 500 NW 22 AVE MIAMI, FL 33125

SUBJECT: RENOVACION CARISMATICA CATOLICA HISPANA, INC.

Ref. Number: N15760

We have received your document for RENOVACION CARISMATICA CATOLICA HISPANA, INC. and your check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a FLORIDA PROFIT CORPORATION, but your entity is a FLORIDA NOT FOR PROFIT CORPORATION. Please complete and return the enclosed blank form(s).

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Anissa Butler Regulatory Specialist II

Letter Number: 924A00012121

June 18th, 2024

Dear Sirs:

Please find attached the NOT for Profit form completed.

thanks & Regards.

Evy R. Peralta