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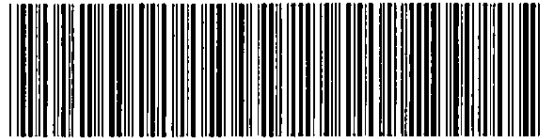
(Business Entity Name)

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NIC & Amend

02/06/24--01022--024 \*\*55.00

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2024 MAR 11 AM 8:22  
CLERK OF SUPERIOR COURT  
STATE OF MASSACHUSETTS

A. RAMSEY

MAR 28 2024

00789, 06342, 00671



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

February 23, 2024

DR. REV RICARDO H. RIVERA  
IGLESIA PENTECOSTAL VOCERO Y TROMPETA  
3336 SEMINOLE AVE  
FT. MYERS, FL 33916

SUBJECT: CONCILIO DE IGLESIAS DE CRISTO MISIONERA, MISION  
INTERNACIONAL, VOCERO Y TROMPETA DE DIOS, INC  
Ref. Number: N16000001607

We have received your document for CONCILIO DE IGLESIAS DE CRISTO MISIONERA, MISION INTERNACIONAL, VOCERO Y TROMPETA DE DIOS, INC and your check(s) totaling \$55.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The above entity is a Florida corporation and the document and fee submitted are for a Florida limited liability company. The correct form is enclosed

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.

Annette Ramsey  
OPS

Letter Number: 824A00004042

COVER LETTER

TO: Amendment Section  
Division of Corporations

NAME OF CORPORATION: Councilo de Iglesia de Cristo Misionera Mision Internacional, Vozes y Trompeta de Dios  
SNC.

DOCUMENT NUMBER: NI6006001607

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

Please return all correspondence concerning this matter to the following:

Dr. Rev. Ricardo H. Rivera  
(Name of Contact Person)

(Firm/ Company)

1945 Suwanee Ave Fort Myers FL 33901  
(Address)

Fort Myers Florida 33901  
(40) (City/ State and Zip Code)

rking40@yahoo.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Dr. Rev. Ricardo H. Rivera at 239-464-6768  
(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:

- \$35 Filing Fee
- \$43.75 Filing Fee & Certificate of Status
- \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)
- \$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

Concilio de Iglesia de Cristo Misionera, Mision Internacional, Vocero y Trompeta de Dios, INC  
(Name of Corporation as currently filed with the Florida Dept. of State)

N16000001677

(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:**

Iglesia Pentecostal Vocero y Trompeta de Dios, 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:**

(Principal office address MUST BE A STREET ADDRESS)

1945 Suwannee Ave  
Fort Myers, FL 33901

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

(Mailing address MAY BE A POST OFFICE BOX)

3336 Seminole Ave  
Fort Myers FL 33916

**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:

Rev. Dr. Ricardo H. Rivera  
3336 Seminole Ave Fort Myers FL 33916

(Florida street address)

New Registered Office Address:

Fort Myers, Florida 33916  
(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.

Rev. Dr. Ricardo H. Rivera  
Signature of New Registered Agent, if changing

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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:

<input checked="" type="checkbox"/> Change	<u>PT</u>	<u>John Doe</u>
<input checked="" type="checkbox"/> Remove	<u>V</u>	<u>Mike Jones</u>
<input checked="" type="checkbox"/> Add	<u>SV</u>	<u>Sally Smith</u>

<u>Type of Action</u> (Check One)	<u>Title</u>	<u>Name</u>	<u>Address</u>
1) <input type="checkbox"/> Change <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove	<u>S</u>	<u>Cruz Lidia</u>	<u>1450 S 28<sup>th</sup> Ave</u> <u>Hollywood FL 33020</u>
2) <input type="checkbox"/> Change <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove	<u>D</u>	<u>Cruz Hector</u>	<u>5911 Lee Street</u> <u>Hollywood FL 33021</u>
3) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	_____	_____	_____
4) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>S</u>	<u>Angel Montava</u>	<u>1822 Palm Drive</u> <u>Fort Myers FL 33907</u>
5) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>D</u>	<u>Rafael Rivera</u>	<u>8240 Suncoast Dr.</u> <u>N Fort Myers FL 33917</u>
6) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	_____	_____	_____

E. If amending or adding additional Articles, enter change(s) here:

(attach additional sheets, if necessary). (Be specific)

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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 2-4-24

Signature Araceli Rivera  
(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)

Araceli Rivera  
(Typed or printed name of person signing)

Secretary  
(Title of person signing)