## N16 00000 7362

(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT M	AIL
(Business Entity Name)	
(Document Number)	
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## **COVER LETTER**

TO: Amendment Section Division of Corporations

IGLESIAS P NAME OF CORPORATION:	ENTECOSTAL BET	'ANIA - CICP INC	
DOCUMENT NUMBER:			
The enclosed Articles of Amendment and fee	are submitted for filin	g.	
Please return all correspondence concerning th	nis matter to the follow	ving:	
LEYLA SCAPARONE			
	(Name of Co	ntact Person)	
JOHN P. MAAS, P.A.			
	(Firm/ Co	ompany)	
44 NE 16 STREET			
	(Add	ress)	
HOMESTEAD, FLORIDA 33030			
	(City/ State a	nd Zip Code)	
E-mail address: (to	be used for future am	nual report notification	on)
For further information concerning this matter.	, please call;		
LEYLA SCAPARÔNE		305 at	247-7132
(Name of Contact	Person)	(Area Code)	(Daytime Telephone Number)
Enclosed is a check for the following amount r	nade payable to the F	lorida Department o	f State:
■ \$35 Filing Fee □\$43.75 Filing Fee Certificate of \$		opy Certi copy is Certi (Add	50 Filing Fee ficate of Status fied Copy itional Copy is osed)
Mailing Address Amendment Section		Street Address Amendment Sec	tion

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303



March 6, 2020

LEYLA SCAPARONE 44 NE 16 STREET HOMESTEAD, FL 33030

SUBJECT: IGLESIA PENTECOSTAL BETANIA - CICP INC

Ref. Number: N16000007362

We have received your document for IGLESIA PENTECOSTAL BETANIA - CICP INC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document you submitted has been prepared pursuant to profit statutes (chapter 607, Florida Statutes). As the entity was originally filed as a nonprofit corporation, this document should be filed pursuant to chapter 617, Florida Statutes.

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.

Letter Number: 320A00004948

Irene Albritton Regulatory Specialist II

www.sunbiz.org

## Articles of Amendment to Articles of Incorporation of

nendment orporation State)

IGLESIAS PENTECOSTAL BETANIA - CICP INC

(Name of Corporation as currently filed with the Florida I	Dept. of State)	• • •
N16000007362		
(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 Florida Not For Profit Corporation a	idopts the following
A. If amending name, enter the new name of the corporat	ion:	
name must be distinguishable and contain the word "corpora "Company" or "Co." may not be used in the name,	tion" or "incorporated" or the abbreviation	"Corp." or "Inc."
B. Enter new principal office address, if applicable:	15250 HARRISON DRIVE	
(Principal office address MUST BE A STREET ADDRESS	HOMESTEAD, FLORIDA 33033	
		<del> </del>
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	15250 HARRISON DRIVE	
<del></del>	HOMESTEAD, FLORIDA 33033	
D. If amending the registered agent and/or registered office a new registered agent and/or the new registered office a		<u>2</u>
Name of New Registered Agent;		
New Registered Office Address:	(Florida street address)	
	, Florida	1
	(City) , Florida	Code)
New Registered Agent's Signature, if changing Registered I hereby accept the appointment as registered agent. I am far	Agent: miliar with and accept the obligations of the p	position.
Si	gnature 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.

Example: X Change X Remove X Add	$\frac{\underline{PT}}{\underline{V}}$ $\underline{\underline{SV}}$	John Do Mike Jo Sally Si	ones	
Type of Action (Check One)	<u>Title</u>		<u>Name</u>	Address
f) Change Add		<del>-</del>		
Remove				
2) Change Add		_		
Remove 3 ) Change 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)	
				<del></del>
				-
	_ <del></del>	-	<del></del>	

The date of each amendment(s) adoption:			
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)			
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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 3-17-2020
Signature Pelio Cal
(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)
PEDRO CALDERON
(Typed or printed name of person signing)
PRESIDENT
(Title of person signing)