

1716000010367

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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☐

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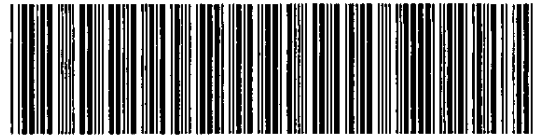
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2017 APR 17 P 3 41

FILED

APR 20 2017  
T. LEMIEUX

nc

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**NAME OF CORPORATION:** IGLESIA VISION SINAI, INC.

**DOCUMENT NUMBER:** N16000010367

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

Please return all correspondence concerning this matter to the following:

ANGEL L. MARTINEZ

(Name of Contact Person)

(Firm/ Company)

1743 MISSION BAY CIR. APT. 101C

(Address)

ROCKLEDGE, FLORIDA 32955

(City/ State and Zip Code)

VISIONSINAI@YAHOO.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

LUCERMINA MALDONADO

(Name of Contact Person)

at ( 321 ) 431-2260

(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  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

March 29, 2017

ANGEL L MARTINEZ  
1743 MISSION BAY CIR APT 101C  
ROCKLEDGE, FL 32955

SUBJECT: IGLESIA VISION SINAI INC  
Ref. Number: N16000010367

We have received your document for IGLESIA VISION SINAI INC and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

This is a Florida Non-profit Corporation the document you sent in is not correct.

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.

Tracy L Lemieux  
Regulatory Specialist II

Letter Number: 517A00006061

RECEIVED  
17 APR 14 AM 11:00  
DIVISION OF CORPORATIONS  
TREASURY DEPARTMENT  
FLORIDA

Articles of Amendment  
to  
Articles of Incorporation  
of

FILED

IGLESIA VISION SINAI, INC.

(Name of Corporation as currently filed with the Florida Dept. of State)

N16000010367

(Document Number of Corporation (if known))

2017 APR 14 P 3 41  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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 VISION SINAI ASAMBLEAS 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)*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**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:*

\_\_\_\_\_

*New Registered Office Address:*

*(Florida street address)*

\_\_\_\_\_

*(City)*

*, Florida*

*(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.*

\_\_\_\_\_  
*Signature of New Registered Agent, if changing*

(Attach additional sheets, if necessary)

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	

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

[illegible]

The date of each amendment(s) adoption: 4/3/2017

(date of adoption is required)

Effective date if applicable: 4/10/2017

(no more than 90 days after amendment file date)

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 members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors.

Dated 4/11/2017

Signature Angel L. Martinez

(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)

ANGEL L. MARTINEZ

(Typed or printed name of person signing)

PRESIDENT (SENIOR PASTOR)

(Title of person signing)