## 1100000193

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OCI 20 P # 15

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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

SALA EVANGEL NAME OF CORPORATION:	ICA DE LA SANA DOCTRINA ORLANDO INC
DOCUMENT NUMBER:	
The enclosed Articles of Amendment and fee are sul	bmitted for filing.
Please return all correspondence concerning this mat	tter to the following:
EVERARDO OROZCO	
	(Name of Contact Person)
ACROSS CONNECTION INTERNATIONAL, INC	C.
	(Firm/ Company)
285 EDISTO PLACE	
	(Address)
APOPKA FL 32712	
	(City/ State and Zip Code)
ACIBIZ101@GMAIL.COM	
E-mail address: (to be use	ed for future annual report notification)
For further information concerning this matter, pleas	e calt:
ADA HERNANDEZ CARMONA	407 304-7693
(Name of Contact Perso	
Enclosed is a check for the following amount made J	payable to the Florida Department of State:
□ \$35 Filing Fee ■\$43.75 Filing Fee & Certificate of Status	Certified Copy (Additional copy is enclosed)  \$\begin{align*} \Bar{\text{S}} \\$43.75 \text{ Filing Fee} \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\
Mailing Address	Street Address

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of

SALA EVANGELICA DE LA SANA DOCTRIN				
(Name of Corporation	as curren	tly filed with the Flo	orida Dept. of	State)
N1700000122				
(Docur	nent Numb	er of Corporation (if	known)	
Pursuant to the provisions of section 617.1006, Flo amendment(s) to its Articles of Incorporation:	rida Statute	s, this <i>Florida Not F</i>	or Profit Corp	oration adopts the following
A. If amending name, enter the new name of the	e corporati	on:		
REMAINS THE SAME				The new
name must be distinguishable and contain the word "Company" or "Co." may not be used in the nam		tion" or "incorporat	ed" or the abb	
B. Enter new principal office address, if applica	ble:	REMAINS THE SA	ME	
(Principal office address MUST BE A STREET A				
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)	<b>BOX</b> )	REMAINS THE SA	АМЕ	
	<u></u> ,			
D. If amending the registered agent and/or regis	stered offic	e address in Florid:	a, enter the na	me of the
new registered agent and/or the new register				<del></del>
Name of New Registered Agent:	Ada Hernandez Carmona			
	285 Edisto	Place	····	
		(1	Florida street add	ress)
New Registered Office Address:				
	Apopka			Florida
		(City)		(Zip Code)
New Registered Agent's Signature, if changing I				艺。 建
I hereby accept the appointment as registered agen	it. I am fai	niliar with and accep	ot the obligatio	ns of the position.
	au	da Nun	und	Taxon Tun
_	Si	gnature of New Regi	stered Agent)	f changing D
				<b>5</b>

Page 1 of 4

## 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	PT John E V Mike J SV Sally S	<u>Iones</u>	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	S	URVIN LOPEZ	900 VOTAW RD
Add			APOPKA, FL 32703
X Remove			
2) Change	VP	DANIEL TEMAC	900 VOTAW RD
Add			APOPKA, Fl. 32703
X Remove			
3) Change	VP	SILFIDO LOPEZ	62 PERIWINCKLE DR.
X Add			OCOEE, FL 34761
Remove			
4) Change			
Add			
Remove			
5) Change	<del> </del>		
Add			
Remove			
6) Change			
Add			
Remove			

f amending or adding additional Arti attach additional sheets, if necessary).	(Be specific)
, , , , , , , , , , , , , , , , , , , ,	
	7477740000000
144.4.4.4	

SEPTEMBER 3, 2017	
	her than the
SEPTEMBER 3, 2017 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 document's effective date on the Department of State's records.	l as the
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 9/3/17	
(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)	
EVERARDO OROZCO	
(Typed or printed name of person signing)	
PRESIDENT	
(Title of person signing)	