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SECRETARY OF STATE
DIVISION OF CORPORATIONS

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION:	ANGELICA NUEVA RENACER INC.
N1700000 DOCUMENT NUMBER:	22513
The enclosed Articles of Amendment and fee a	re submitted for filing.
Please return all correspondence concerning this	s matter to the following:
ORLANDO CARRASQUILLO	
	(Name of Contact Person)
OC CONSULTING FIRM INC	
	(Firm/ Company)
5012 SPARKLING FIRM INC	
	(Address)
FORT PIERCE, FL 34951	
	(City/ State and Zip Code)
OCCONSULTINGFIRM@YAHOO.COM	
E-mail address: (to b	e used for future annual report notification)
For further information concerning this matter, [please call:
ORLANDO CARRASQUILLO	561 542-5465
(Name of Contact I	
Enclosed is a check for the following amount m	ade payable to the Florida Department of State:
■ \$35 Filing Fee □\$43.75 Filing F Certificate of S	Fee & \$\sumsymbol{\Pi}\$
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



IGLESIA EVANGELICA NUEVA RENACER INC.		9817 ABD 00
(Name of Corporation as curre	ntly filed with the Flo	orida Dept. of State
N17000002513		
(Document Num	ber of Corporation (if	known)
ursuant to the provisions of section 617.1006, Florida Statu nendment(s) to its Articles of Incorporation:	tes, this <i>Florida Not F</i>	For Profit Corporation adopts the following
If amending name, enter the new name of the corpora	tion:	
		The new
me must be distinguishable and contain the word "corport Company" or "Co." may not be used in the name	ation" or "incorporat	ed" or the abbreviation "Corp." or "Inc."
. Enter new principal office address, if applicable: Principal office address MUST BE A STREET ADDRESS	3)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
. If amending the registered agent and/or registered off new registered agent and/or the new registered office		a, enter the name of the
Name of New Registered Agent:		
New Registered Office Address:	(-	Florida street address)
	(City)	
ew Registered Agent's Signature, if changing Registered hereby accept the appointment as registered agent. I am for		, Florida (Zip Code) of the obligations of the position
	Signature of Non Posi	istered Agent if changing
a de la companya de	мунаште от меж кеді	мегеа Ауепі. ІІ спапдіпд

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	<u>PT</u> <u>V</u> <u>SV</u>	John Doe Mike Jones Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) X Change	S	EVELYN O. PAVON VARGAS	9842 103RD STREET LOT 25
Add			JACKSONVILLE, FL 32210
Remove			
2) X Change	T	MARTINA M. MERAZ FERNAND EZ	9842 103RD STREET LOT 96
Add			JACKSONVILLE, FL 32210
Remove	A TO	DEVEC DAMABIC F	9842 103RD STREET LOT 25
3) Change	AT	REYES, DAMARIS E	JACKSONVILLE, FL 32210
Add Remove			
4) Change			
Remove			
5) Change			
Add			
Remove			
6) Changa			
6) Change Add	_		
Remove			
		5 4 4 4	

E. <u>If amending or adding additional Article</u> (attach additional sheets, if necessary).	(Be specific)	n <u>zets) nere</u> .			
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The date of each amendment(s) adoption:, date this document was signed.			
	Ŭ		
Effe	ective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	
	e: If the date inserted in this blument's effective date on the De	ock does not meet the applicable statutory filing requirements, this date will not be partment of State's records.	be listed as the
Adoption of Amendment(s)		(CHECK ONE)	
	The amendment(s) was/were a was/were sufficient for approv	dopted by the members and the number of votes cast for the amendment(s) al.	
	There are no members or mem adopted by the board of direct	bers entitled to vote on the amendment(s). The amendment(s) was/were ors.	
	Dated 04/24/201	,	
	Signature Vec	Total Oulon	
	(By the chai have not be	rman or vice chairman of the board, president or other officer-if directors sen selected, by an incorporator — if in the hands of a receiver, trustee, or appointed fiduciary by that fiduciary)	
		VICTOR M. DUBON	
		(Typed or printed name of person signing)	
		PRESIDENT	
		(Title of person signing)	