N170000 5626

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COVER LETTER

TO: Amendment Section Division of Corporations

Tallahassee, FL 32314

MINIS NAME OF CORPORATION:	STERIO CRISTO ROC	TA FUE	ERTE, INC	2. 	
N17000005626 CUMENT NUMBER:					
The enclosed Articles of Amendment and fee are				-	
Please return all correspondence concerning this n	natter to the following:				
	MAIKER FILGU	JEIRAS			
	(Name of Contact	Person)		
MIN	NISTERIO CRISTO R	OCA F	UERTE. I	NC.	
	(Firm/ Compa	my)			
	30621 SW 153	AVE			
	(Address)	ı			
	HOMESTEAD, F	FL 3303	13		
	(City/ State and Zi	ip Code	•)		
	USIC@HOTMAIL.CO				
E-mail address: (to be)		report n	otification	n)	
For further information concerning this matter, ple	rase cull:				
MAIKER FILGUEIRAS		at		255-0627	
(Name of Contact Per	rson)	(Ar	ea Code)	(Daytime Telephone Numb	er)
Enclosed is a check for the following amount mad	e payable to the Florid	a Depai	riment of :	State:	
■ \$35 Filing Fee □\$43.75 Filing Fee Certificate of Stat	e & □\$43.75 Filing Fotos Certified Copy (Additional copenciosed)		Certif Certif	0 Filing Fee icate of Status ied Copy tional Copy is osed)	
Mailing Address Amendment Section Division of Corporations P.O. Box 6327		Amendi Divisio	Address ment Secti n of Corpe Building		

2661 Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment to

Articles of Incorporation

of 2019 JAN 17 PM 3: 51

MINISTERIO CRISTO ROCA FUERTE, INC

SEGULTATE

SEGULTATION OF STATE

	N17000005626	MALLATIA SEE, FL
(Document N	Number of Corporation (if k	nown)
Pursuant to the provisions of section 617,1006, Florida Samendment(s) to its Articles of Incorporation:	tatutes, this <i>Florida Not Fe</i>	or Profit Corporation adopts the following
A. If amending name, enter the new name of the corp	ooration:	
IGLESIA DE DIOS CRISTO LA	ROCA, INC.	The new
name must be distinguishable and contain the word "cor "Company" or "Co." may not be used in the name.	poration" or "incorporate	d" or the abbreviation "Corp," or "Inc,"
B. Enter new principal office address, if applicable:	N/A	
(Principal office address MUST BE A STREET ADDR.)	ESS)	
		•
		<u></u>
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A	
(1) ming data (1) (1) (1) (1) (1) (1) (1) (1) (1) (1)		
D. If amending the registered agent and/or registered		, enter the name of the
new registered agent and/or the new registered of		
Name of New Registered Agent:	N/A	
		<u></u>
New Registered Office Address;	(F	lorida street address)
		, Florida
_	(Сііу)	(Zip Code)
New Registered Agent's Signature, if changing Regist		
thereby accept the appointment as registered agent, I a	m familiar with and accep	t the obligations of the position.
	Signature of New Regis	stered 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	<u>PT</u> <u>V</u> <u>SV</u>	John Doc Mike Jones Sally Smith		
Type of Action (Check One)	Title	<u>Name</u>		<u>Addres</u> s
1) Change		N/A		N/A
Add				
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 adding additional Art (attach additional sheets, if necessary).	(Be specific)
N/A	
	······································
	
 	
	

•	01/01/2019	
The date of each amendment(s) ado date this document was signed.	ption:	, if other than the
Effective date if applicable:	01/01/2019	
	(no more than 90 days after amendment file date)	
<u>Note:</u> If the date inserted in this bloc document's effective date on the Department.	k does not meet the applicable statutory filing requirements, this date will no artment of State's records.	ot be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were add was/were sufficient for approval	opted by the members and the number of votes cast for the amendment(s)	
There are no members or member adopted by the board of director	ers entitled to vote on the amendment(s). The amendment(s) was/were s.	
Dated	72019	
Signature		
have not beer	nan or vice chair that of the board, president or other officer-if directors a selected, by an incorporator – if in the hands of a receiver, trustee, or oppointed fiduciary by that fiduciary)	
	MAIKER FILGUEIRAS	
	(Typed or printed name of person signing)	
	PRESIDENT / SENIOR PASTOR	
	(Title of person signing)	