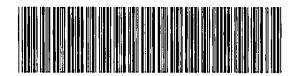
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(Re	equestor's Name)			
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PICK-UP	WAIT	MAIL		
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2018 SEP 14 AM 8: 0
SECRETARY OF STATE
TALLAHASSEE, TATE

R. WHITE SEP 1 8 2018

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TO: Amendment Section
Division of Corporations

IGLESIA PENTECOSTAL MONTE HOREB, INC. NAME OF CORPORATION:
N17000007831 DOCUMENT NUMBER:
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
RIVERA, JACQUELINE / SENIOR PASTOR
(Name of Contact Person)
(Firm/ Company)
801 RALLY DR. APT.101
(Address)
KISSIMMEE FL 34758
(City/ State and Zip Code)
jackietapiad@gmail.com
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
RIVERA, JACQUELINE / SENIOR PASTOR 561 275-0237
(Name of Contact Person) (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 & ☐ \$43.75 Filing Fee & ☐ \$52.50 Filing Fee & ☐ \$60.00 Certificate of \$6

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

Articles of Amendment to Articles of Incorporation of

IGLESIA PENTECOSTAL MONTE HOREB, INC.



2018 SEP 14 AM 8: 00

(Name of Corporation as currently filed with the Florida Dept. of State). N17000007831 (Document Number of Corporation (if known) 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: CENTRO CRISTIANO MONTE HOREB, INC. 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: (Florida street address) New Registered Office Address: . Florida (City) (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

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>V</u> <u>Mik</u>	n <u>Doe</u> te Jones y <u>Smith</u>	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	S	MONICA RIVERA	1717 KENYON CIRCLE APT, B
X Add			KISSIMMEE, FL
Remove			34741
2) Change	s	LOURDES I. RAMOS-CASTILLO	2548 NEEDLEPOINT STREET
Add			KISSIMMEE FL
X Remove			34741
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

attach additi	ional sheets, if neces	ssary). (Be specific	•)		
					
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	e date of each amendment(s) adoption:e this document was signed.	, if other than the	
	ective date <u>if applicable</u> : (no more than 90 days after amendment file date)		
	te: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be turnent's effective date on the Department of State's records.	e listed as the	
Ado	option of Amendment(s) (<u>CHECK ONE</u>)		
	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.		
	Signature Glythe chairmen 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) JACQUELINE RIVERA / SENIOR PASTOR (Typed or printed name of person signing) PRESIDENT	-	
	(Title of person signing)		