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COVER LETTER

**TO: Amendment Section
Division of Corporations**

NAME OF CORPORATION: CENTRO CRISTIANA JEHOVA ES MI PASTOR CORP

N17000011347

DOCUMENT NUMBER:

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

Please return all correspondence concerning this matter to the following:

JOSE L. RODRIGUEZ ALMENDARES

(Name of Contact Person)

CENTRO CRISTIANO JEHOVA ES MI PASTOR CORP

(Firm/ Company)

4091 VICLIFF RD

(Address)

WEST PALM BEACH, FL 33406

(City/ State and Zip Code)

JOSELUIS1972HONDURAS@GMAIL.COM

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

For further information concerning this matter, please call:

JOSE L. RODRIGUEZ ALMENDARES

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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

Articles of Amendment
to
Articles of Incorporation
of

FILED

2018 OCT 18 PM 5:02

CENTRO CRISTIANA JEHOVA ES MI PASTOR CORP

(Name of Corporation as currently filed with the Florida Dept. of State) SECRETARY OF STATE
N17000011347 TALLAHASSEE, FL

(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:

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)

4091 VICLIFF RD

WEST PALM BEACH, FL 33406

C. Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

4091 VICLIFF RD

WEST PALM BEACH, FL 33406

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 P/S/T and Mike Jones is listed as the V. The 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 Cha Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example:

<u>X</u> Change	<u>PT</u>	<u>John Doe</u>
<u>X</u> Remove	<u>V</u>	<u>Mike Jones</u>
<u>X</u> Add	<u>SV</u>	<u>Sally Smith</u>

<u>Type of Action</u> (Check One)	<u>Title</u>	<u>Name</u>	<u>Address</u>
1) <input checked="" type="checkbox"/> Change	O _____	NORMA L. ORDONEZ NUNEZ	4091 VICLIFF RD WEST PALM BEACH, FL 33406
_____ Add			_____
_____ Remove			_____
2) <input checked="" type="checkbox"/> Change	O _____	SANTOS KARINA MASS	4091 VICLIFF RD WEST PALM BEACH, FL 33406
_____ Add			_____
_____ Remove			_____
3) <input checked="" type="checkbox"/> Change	T _____	ODALIS GABRIELA MORENO	4091 VICLIFF RD WEST PALM BEACH, FL 33406
_____ Add			_____
_____ Remove			_____
4) <input checked="" type="checkbox"/> Change	P _____	JOSE L.RODRIGUEZ ALMENDAR	4091 VICLIFF RD WEST PALM BEACH, FL 33406
_____ Add			_____
_____ Remove			_____
5) _____ Change	_____	_____	_____
_____ Add			_____
_____ Remove			_____
6) _____ Change	_____	_____	_____
_____ Add			_____
_____ Remove			_____

E. If amending or adding additional Articles, enter change(s) here:

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

The date of each amendment(s) adoption: _____, if other than the date this document was signed.

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 as the document's effective date on the Department of State's records

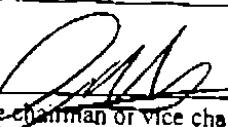
Adoption of Amendment(s)

(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 10/11/2013

Signature 

(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)

JOSE L. RODRIGUEZ ALMENDARES

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)