11800001390

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Elling Officer
Special Instructions to Filing Officer:





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COVER LETTER

NAME OF CORPORATION DOCUMENT NUMBER:	,		Vacion Inc.	
The enclosed Articles of Am	endment and fee are sub-	mitted for filing.		
Please return all corresponde	nce concerning this matte	er to the following:		
	Alejandu	Sierra Name of Contact Person		
	424 As	Firm/Company hley PL		
	Haines C	Address Address City/ State and Zip Code	38 <i>4</i>	
E-mail address: (to be used for future annual report notification)				
For further information concerning			, <u>970-4809</u>	
Name of Con	tact 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 & Certificate of Status	Certified Copy (Additional copy is enclosed)	Certificate of Status Certified Copy (Additional Copy is enclosed)	

Mailing Address

TO: Amendment Section

Division of Corporations

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





FLORIDA DEPARTMENT OF STATE **Division of Corporations**

December 4, 2018

ALEHANDRO SIERRA 424 ASHLEY PL HAINES CITY, FL

SUBJECT: IGLESIA RED DE SALVACION INC

Ref. Number: N18000007290

We have received your document for IGLESIA RED DE SALVACION INC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

This is a Non-profit corporation the document you sent in is for a Profit corporation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Tracy L Lemieux Regulatory Specialist II

Letter Number: 618A00024845

Articles of Amendment

	rticles of Incorporation	
Iglesia Red de Salva		
(Name of Corporation as c	urrently filed with the Florida Dept. of Sta	<u>ate</u>)
N 1800000720	0K	
(Document	Number of Corporation (if known)	
Pursuant to the provisions of section 617,1006, Florida 3 amendment(s) to its Articles of Incorporation:	Statutes, this Florida Not For Profit Corpora	ation adopts the following
A. If amending name, enter the new name of the cor	poration:	
		The new
name must be distinguishable and contain the word " co "Company" or "Co." may not be used in the name	rporation" σr "incorporated" or the abbrev	iation "Corp." or "Inc."
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDI</u>	<u>RESS</u>)	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX	O	
D. If amending the registered agent and/or registere new registered agent and/or the new registered o		e of the
Name of New Registered Agent:		
	-	
	(Florida street address	5)
<u>New Registered Office Address:</u>		
		Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if changing Regis	stered 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 c	hanging w

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 Do Mike Jo Sally Sn	<u>nes</u>		
Type of Action (Check One)	Title		Name	<u>Addres</u> s	
1) Change		_			
Add					
Remove					
2) Change			1400		
Add					
Remove					
3) Change					
					*** ·
Add					
Remove					
4) Change					
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)
Article 3
The Durpose for wich
Article 3 The purpose for wich This Corporations is organized ar
Exclusively for (But not limited)
charitable, Church, religious,
educational, Missionar, Scientific
propurse

The date of each amendment(late this document was signed.	s) adoption:	_, if other than the
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file date)	
	is block does not meet the applicable statutory filing requirements, this date will not e Department of State's records.	be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/we was/were sufficient for app	ere adopted by the members and the number of votes cast for the amendment(s) proval.	
There are no members or adopted by the board of d	members entitled to vote on the amendment(s). The amendment(s) was/were irectors.	
Dated	12-10-2018	
Signature	12-10-2018 lyandraseira	_
(By the	chairman or vice chairman of the board, president or other officer-if directors of been selected, by an incorporator – if in the hands of a receiver, trustee, or ourt appointed fiduciary by that fiduciary)	
	Alejandro Sierra (Typed or printed name of person signing)	
	(Typed or printed name of person signing)	
	Prosidente	
	(Title of person signing)	