N18000009240

(Requestor's Name)	
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(City/State/Zip/Phone #)	—
(61,7-61,61,21,7-11,61,6-17)	
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATI	Centro Apostolico d ON:				
	N18000009240				
DOCUMENT NUMBER:					
The enclosed Articles of Ar	nendment and fee are sub	mitted for filing.			
Please return all correspond	lence concerning this mat	ter to the following	:		
Evelyn Teran Apostol					
		(Name of Contact	Person)	
Centro Apostolico de Florio	la Inc.				
		(Firm/ Compa	any)		
2004 Grande Court Apt219					
**		(Address)			
Kissimmee, Florida 34743					
		(City/ State and Zi	ip Code)	
pastoract@yahoo.com					
1	:-mail address: (to be used	d for future annual	report n	otification)
For further information con	cerning this matter, please	call:			
Evelyn Teran Apostol			321		250-07(X)
	(Name of Contact Persor	1)	(Are	a Code)	(Daytime Telephone Number)
Enclosed is a check for the	following amount made p	ayable to the Florid	la Depai	tment of S	State:
□ \$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fe Certified Copy (Additional copy enclosed)		Certifi Certifi	Filing Fee cate of Status ed Copy ional Copy is sed)

Mailing Address
Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

Name of Corporation as currently filed with the Florida	Dept. of State)
Centro Apostolico de Florida Inc. N18000009240	
(Document Num	ber of Corporation (if known)
Pursuant to the provisions of section 617,1006, Florida State amendment(s) to its Articles of Incorporation:	ites, this Florida Not For Profit Corporation adopts the following
A. If amending name, enter the new name of the corpora	ation:
name must be distinguishable and contain the word "corpor "Company" or "Co." may not be used in the name	The new ation" or "incorporated" or the abbreviation "Corp." or "Inc."
B. Enter new principal office address, if applicable:	3848 Grassland Drive
(Principal office address MUST BE A STREET ADDRESS	S) Orlando , Florida, 32824
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	PO BOX 452883
	Kissimmee, Florida 34745
D. If amending the registered agent and/or registered off new registered agent and/or the new registered office	
Evelyn 1	·
Name of New Registered Agent:	assland Drive
	(Florida street address)
<u>New Registered Office Address</u> : Orlando	. Florida
	(City) (Zip Code)
New Registered Agent's Signature, if changing Registered hereby accept the appointment as registered agent. I am for the second	
	2
.	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>N</u>	ohn Doe like Jones offy Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
l)Change Add	<u>r</u>	Evelyn Teran Apostol	2004 Grande Court 219 Kissimmee
X Remove 2) Change Add	P	Evelyn Teran	3848 Grassland Drive Orlando, Flo
X Remove 3) Change Add Remove	<u>VP</u>	Maria Otero Pastora	2308 Lily Pad Lane Kissimmee, FL
4) Change Add	<u>D</u>	Abigail Feliciano Pastora	PO BOX 453425 Kissimmee Fl. 34
X Remove 5) Change Add	ADM	Alba Nidia Santiago	4471 SW Yamada Dr. Port Saint Lu
X Remove 6) X Add	<u>vp</u>	Maria Otero	2308 Lily Pad Lane Kissimmee, FL
Remove E. If amending or adding (attach additional sheet)		d Articles, enter change(s) here: ury). (Be specific)	
7) X Add ST	•	Alba Nidia Santiago 4471 SW Ya	mada Dr. Port Saint Lucie, FL. 34953

date this document was signed. Effective date if applicable: August 31, 2020 (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)			
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Adoption of Amendment(s) (CHECK ONE)		his block does not meet the applicable statutory filing requirements, this date will n	ot be listed as the
The amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s)			

was/were sufficient for approval.

	August 31, 2020
Dated	
Signature	10th A and
	(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)
	Eichn 1even Apostol
	(Typed or printed name of person signing)
	PRESIDENT

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