

N19000006099

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

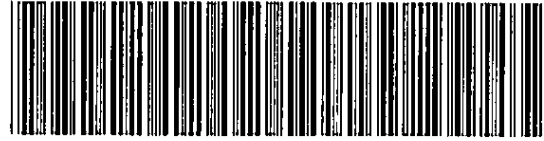
(Business Entity Name)

(Document Number)

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FLORIDA DEPARTMENT OF STATE
Division of Corporations

2021 JUN 23 AM 11:52

May 28, 2021

KARI CAMPOSTIZON
415 N CENTRAL PARK AVE 1
CHICAGO, IL 60624

SUBJECT: UNIVERSAL COMMUNITY CHURCH CENTRO CREACION
CIENCIA, INC.
Ref. Number: N19000006099

We have received your document for UNIVERSAL COMMUNITY CHURCH CENTRO CREACION CIENCIA, 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):

The document submitted is for a profit corporation to become a profit benefit/social benefit corp. Because the above referenced entity is a not for profit corp., this is the wrong form. Please see the enclosed information.

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.

Rebekah White
Regulatory Specialist II Supervisor

Letter Number: 621A00011710

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Universal Community Church Centro Creacion Crecencial Inc.

DOCUMENT NUMBER: N19000006099

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

Please return all correspondence concerning this matter to the following:

Karina Campostizon

(Name of Contact Person)

UC Centro CC

(Firm/ Company)

2270 SW 147th Court

(Address)

Miami, FL 33185

(City/ State and Zip Code)

Karina @ related isg.com

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

For further information concerning this matter, please call:

Karina Campostizon

(Name of Contact Person)

at 305 - 905 - 2403

(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
- \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)
- \$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is Enclosed)

#0111
- check sent
& processed
4/8/21.
Thank you!

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

Universal Community Church Centro Creacion Ciencia, Inc.

(Name of Corporation as currently filed with the Florida Dept. of State)

NI900006099

(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:

Universal Church and Centro de Creacion Ciencia, Inc. ^{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)

18671 Collins Avenue

Suite 1403

Sunny Isles Beach, FL 33160

C. Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

32 SE 2nd Avenue

Suite 147

Delray Beach,

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:

Kanna Campostizon

2270 SW 147th Court

(Florida street address)

New Registered Office Address:

Miami

(City)

Florida

33185

(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:

<input checked="" type="checkbox"/> Change	<u>PT</u>	<u>John Doe</u>
<input checked="" type="checkbox"/> Remove	<u>V</u>	<u>Mike Jones</u>
<input checked="" type="checkbox"/> 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 <input type="checkbox"/> Add <input type="checkbox"/> Remove	<u>P</u>	<u>Karina Campostizon</u>	<u>2270 SW 147th Court</u> <u>Miami, FL 33180</u>
2) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>D</u>	<u>Matthew Shelton</u>	<u>32 SE 2nd Avenue</u> <u>Delray Beach, FL 33444</u>
3) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>S</u>	<u>Nilda Velazquez Palmore</u> <u>↑</u> <u>Palmore</u>	<u>1922 Everglade Avenue</u> <u>Clovis, CA 93619</u>
4) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	_____	_____	_____
5) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	_____	_____	_____
6) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	_____	_____	_____

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

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

N/A

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 June 14, 2021

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)

Karina Campostizon
(Typed or printed name of person signing)

president
(Title of person signing)