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COVER LETTER

TO: Amendment Section
Division of Corporations .

NAME OF CORPORATION: _	IGLESIA DE (RISTO RESTAUR	ADOS POR EL	ESPIRITU SANTO	INC.
DOCUMENT NUMBER:	DCUMENT NUMBER: N20000009188				
The enclosed Articles of Amendm					
Please return all correspondence co	oncerning this matte	r to the following:			
	ORL	ANDO CARRASC	UILLO		
		(Name of Contact P	erson)		
	OC (CONSULTING FIR	M INC.		
		(Firm/ Company	··)	<u> </u>	
	877	5 20TH STREET	LOT 324		
		(Address)			 ·
	VI	ERO BEACH FL	32966		
	,	(City/ State and Zip	Code)		
	occons	SULTINGFIRM@Y	AHOO.COM		
E-mail a	address: (to be used	for future annual rep	ort notification	1)	**
For further information concerning	this matter, please of	call:			
ORLANDO CAR	RASQUILLO	at	561	542-5465	
(Name	of Contact Person)		(Area Code)	(Daytime Telephone	: Number)
Enclosed is a check for the following	ng amount made pay	yable to the Florida I	Department of S	State:	
	3.75 Filing Fee & 1 entificate of Status	S43.75 Filing Fee Certified Copy (Additional copy i enclosed)	Certifi s Certifi	Filing Fee cate of Status ed Copy ional Copy is sed)	79 ·
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Clifton Building		A::11: 12	

Articles of Amendment to Articles of Incorporation of

IGLESIA DE CRISTO RESTAURADOS POR EL ESPIRITU SANTO INC.

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Art	icles of Amendment	SANTO INC. 1. of State)
6 t:	to	· ·
Arti	cles of Incorporation of	·
IGLESIA DE CRISTO REST.	AURADOS POR EL ESPIRITU S	SANTO INC.
(Name of Corporation as cur	rently filed with the Florida Dep	t. of State)
N2	10000009188	
(Document Nu	mber of Corporation (if known)	
rsuant to the provisions of section 617,1006, Florida Stal endment(s) to its Articles of Incorporation:	tutes, this Florida Not For Profit	Corporation adopts the following
If amending name, enter the new name of the corpor	ration:	
me must be distinguishable and contain the word "corpo company" or "Co." may not be used in the name.	oration" or "incorporated" or the	The new abbreviation "Corp." or "Inc."
Enter new principal office address, if applicable: incipal office address <u>MUST BE A STREET ADDRES</u>	<u>SS</u>)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)	14518 SW MAR	TIN AVE.
	INDIANTOWN	, FL. 34956
If amending the registered agent and/or registered o new registered agent and/or the new registered offic		e name of the
Name of New Registered Agent:	LUCAS S. LOPE	Z
	14518 SW MARTIN AVE.	
	(Florida stree	address)
New Registered Office Address:	1.15.1.170	_
	INDIANTOWN	, Florida
	(City)	(Zip Code)
v Registered Agent's Signature, if changing Register reby accept the appointment as registered agent. I am	ed Agent: familiar with and accept the oblig	gations of the position.
XX	C1005. 80P-	7

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.

X.Change X.Remove X. Add		Doe Jones Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	VP	IGLESIA PENTECOSTES RESTAU	3423 HI STREET
Add			LAKE WORTH, FL. 33461
X Remove			
2) Change	VP	DOMINGA SEBASTIAN	14518 SW MARTIN AVE.
X Add			INDIANTOWN, FL. 34956
Remove	Т	VALERIO OSORIO	14911 SW MONROE AVE
3) Change X Add			INDIANTOWN, FL. 34956
Remove			
4) Change			
Add			
Remove			
51 Change	 		
Add			
Remove			
6) Change			
Add			
Remove			

. <u>If amending or add</u> (attach additional sh	eets, if necessary).	(Be specific)	_ 			
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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 requirement locument's effective date on the Department of State's records.	nts, this date will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the members and the number of votes cast for the was/were sufficient for approval.	e amendment(s)
There are no members or members entitled to vote on the amendment(s). The amendmen adopted by the board of directors.	it(s) was/were
09/17/2020 Dated	
Signature X Sucas-S. Sp.	
(By the chairman or vice chairman of the board, president or other office have not been selected, by an incorporator – if in the hands of a receive other court appointed fiduciary by that fiduciary)	
LUCAS S. LOPEZ	
(Typed or printed name of person signing)	
PRESIDENT	
(Title of person signing)	-