

N21 000000 5868

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

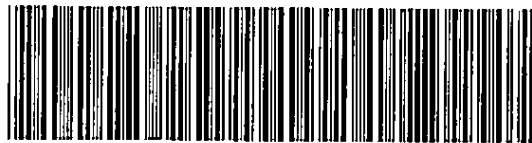
(Business Entity Name)

(Document Number)

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SECRET
TALLAHASSEE, FL

2021 OCT -5 AM 8:06

FILED

28



FLORIDA DEPARTMENT OF STATE
Division of Corporations

2021 OCT -5 AM 11:56

September 24, 2021

CINTHIA GARCIA
3876 CABO ROJO DR
SAINT CLOUD, FL 34772

SUBJECT: CONGREGATION NEW VISION MININISTRIES INC
Ref. Number: N21000005868

We have received your document for CONGREGATION NEW VISION MININISTRIES INC and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

Cinthia Garcia and Aithesis Garcia are not currently on our records for you to check the type of action (change). IF you are trying to add them on our records you would need to check the type of action (add) on the amending officer/director page.

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.

Catherine M Brumbley
Regulatory Specialist II

Letter Number: 821A00023117

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Congregation New Vision Ministries Inc.

DOCUMENT NUMBER: N21000005868

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

Please return all correspondence concerning this matter to the following:

Cynthia Garcia

(Name of Contact Person)

H Congregation New Vision Ministries Inc.

(Firm/ Company)

3876 Cabo Rojo Drive

(Address)

Saint Cloud, FL 34772

(City/ State and Zip Code)

Cynthi1321@yahoo.com

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

For further information concerning this matter, please call:

Cynthia Garcia

(Name of Contact Person)

at 347-841-2409

(Area Code) (Daytime Telephone Number)

Enclosed is a check for the following amount made payable to the Florida Department of State:

- | | | | |
|--|--|---|--|
| <input type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &
Certified Copy
(Additional copy is
enclosed) | <input type="checkbox"/> \$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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Articles of Amendment
to
Articles of Incorporation
of

Congregation New Vision Ministries Inc
(Name of Corporation as currently filed with the Florida Dept. of State)

N21000005868

(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:

Congregation New Vision Ministries 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)

3876 Cabo Rojo Drive

Saint Cloud, FL 34772

C. Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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:

(City)

Florida

(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

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2021 OCT - 5 AM 8:06
SECRETARY OF STATE
TALLAHASSEE, FL

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>

Type of Action (Check One)	Title	Name	Address
1) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	<u>P</u>	<u>Carlos A. Garcia Castillo</u>	<u>2537 Valentine Ave #E8</u> <u>Bronx, NY 10458</u>
2) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>S</u>	<u>Cynthia J. Garcia</u>	<u>3876 Cabo Rojo Drive</u> <u>Saint Cloud, FL 34772</u>
3) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	<u>V</u>	<u>David Vasquez</u>	<u>3876 Cabo Rojo Drive</u> <u>Saint Cloud, FL 34772</u>
4) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	<u>T</u>	<u>Maria M. Garcia</u>	<u>4131 Holstein Street</u> <u>Saint Cloud, FL 34772</u>
5) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	<u>TR</u>	<u>Maria V. Gomez</u>	<u>2537 Valentine Ave #E8</u> <u>Bronx, NY 10458</u>
6) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>TR</u>	<u>Arthesis Garcia</u>	<u>2216 Deata Court</u> <u>Saint Cloud, FL 34772</u>

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: 5/24/2021, if other than the date this document was signed.

Effective date if applicable: 9/9/2021
(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 9/9/2021

Signature Cynthia Garcia

(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)

Cynthia Garcia
(Typed or printed name of person signing)

Secretary
(Title of person signing)