N2100009928

Office Use Only



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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION	Camino De Fe Churc				
	21000009928				
DOCUMENT NUMBER:	··				
The enclosed Articles of Amer	idment and fee are subm	mitted for filing.			
Please return all corresponden	ce concerning this matte	er to the following:			
Mariela Hollingsworth					
		(Name of Contact Pe	erson)		
Viglione Accounting Corp					
		(Firm/ Company	·)		
7061 S Tamiami Trl Suite 204	ŀ				
		(Address)			
Sarasota, FL 34231					
		(City/ State and Zip	Code)		
aviglione@me.com			•		
E-r	nail address; (to be used	for future annual rep	ort notificatio	n)	
For further information conce	rning this matter, please	call:			
Mariela Hollingsworth		at	941		
(1)	Name of Contact Person		(Area Code)	(Daytime Telephone Number)	
Enclosed is a check for the fol	lowing amount made pa	ayable to the Florida	Department of	State:	
S35 Filing Fee [□\$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee Certified Copy (Additional copy i enclosed)	s Certif s Certif (Addi	0 Filing Fec ficate of Status fied Copy ttional Copy is osed)	

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. Monroc Street, Suite 810
Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

Camino De Fe Church Inc		2023 FEB -8 AM 7: C
Name of Corporation as currently filed with the Flori	da Dept. of State)	
N21000009928		٠, .
(Document Nu	imber of Corporation (if k	nown)
Pursuant to the provisions of section 617,1006, Florida Stamendment(s) to its Articles of Incorporation:	atutes, this <i>Florida Not Fo</i>	or Profit Corporation adopts the following
A. If amending name, enter the new name of the corpo	oration:	
		The new
name must be distinguishable and contain the word "corp "Company" or "Co." may not be used in the name.	oration" or "incorporated	I" or the abbreviation "Corp." or "Inc."
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRE	<u>(SS</u>)	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		·····
D. If amending the registered agent and/or registered new registered agent and/or the new registered offi		enter the name of the
Name of New Registered Agent:		
New Registered Office Address:	<i>(F)</i>	lorida street addressi
		Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if changing Registe I hereby accept the appointment as registered agent. I an		the obligations of the position.
	Signature of New Regist	ered Agent, if changing

of shall be disposed of by a court of competent jurisdiction in the county in which the	he principal office of the organization
is then located, exclusively for such purposes or to such organization or organizatio	ns, as said Court shall determine, which
are organized and operated exclusively for such purposes.	
	, -
	· .
	
The date of each amendment(s) adoption:date this document was signed.	, if other than t
Effective date <u>if applicable</u> :	

The amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s) was/were sufficient for approval.

(CHECK ONE)

document's effective date on the Department of State's records.

Adoption of Amendment(s)

	nbers or members entitle oard of directors.	ed to vote o	n the amendment(s)	. The amendment(s) was/were	
Dated	12/03/20	23			
Signatur	(By the chairman or vi	ce chairmar	of the board, presi	dent or other officer-if directors hands of a receiver, trustee, or	
	other court appointed	fiduciary by	y that fiduciary)		
		(Type	dor printed name o		
	PRESIDENT		July -	Persheat	
		المستسب	(Title of perso	n signing)	