N21000012180

(Requestor's Name) (Address) (Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name)
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COVER LETTER

TO: Amendment Section Division of Corporations	
	Comunidad casa de Refugio
NAME OF CORPORATION: Ministerio Res	Comunidad casa de Refugio tauración y Huivamiento, Inc.
DOCUMENT NUMBER: <u>N 21000012180</u>	
The enclosed Articles of Amendment and fee are submitted f	or filing.
Please return all correspondence concerning this matter to the	e following:
Gris (Name	Sel Torres of Contact Person)
Iglesia de la Comunida, Casa de p	refugio Ministerio Pertauración y Anivariento, Dec
1058 Felcon Street	(Address)
Deltona, Fl. 32725	State and Zip Code)
` .	·
iglesia casa de Refugio 2009 a	amail.com
For further information concerning this matter, please call:	
Grise Torres	at (414) 510-84(c)
(Name of Contact Person)	(Area Code) (Daytime Telephone Number)
Enclosed is a check for the following amount made payable t	
(Add	75 Filing Fee & S52.50 Filing Fee ified Copy Certificate of Status ditional copy is Certified Copy losed) (Additional Copy is Enclosed)
Mailing Address	Street Address

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, Ft. 32314 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

N21000012	1 2 2 3	
(Document i	Number of Corporation (if kn	own)
ursuant to the provisions of section 617.1006, Florida 5 mendment(s) to its Articles of Incorporation:	Statutes, this Florida Not For	Profit Corporation adopts the following
. If amending name, enter the new name of the cor	poration:	
		The new
ame must be distinguishable and contain the word "co Company" or "Co." may not be used in the name.	rporation" or "incorporated	or the abbreviation "Corp." or "Inc."
Enter new principal office address, if applicable: Principal office address <u>MUST BE A STREET ADDE</u>	RESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX	0	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~
		OCT .
		25 [
 If amending the registered agent and/or registere new registered agent and/or the new registered of 		enter the name of the
Name of New Registered Agent:	-	
Name of New Registered Agent.		20
	(Flo	rıda street address)
New Registered Office Address:		
<u> </u>		, Florida
	(City)	(Zip Code)
	stered Agent:	
iew Registered Agent's Signature, if changing Regis hereby accept the appointment as registered agent. I		the obligations of the position.

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>Doe</u> Jones Smith	
Type of Action (Check One)	Title	<u>Name</u>	Address
l) Change Add	Treasure	Irene Torres	1058 Falcon Street Deltony, Fl. 32725
Remove			
2) Change Add	Treasure	Jose Ortiz	2176 Vance Rd Deltona, Fl 32738
Remove 3) Remove			
4) Change Add			
Remove			
5) Change Add			
Remove			
6) Change Add			
Remove			
	dding additional A sheets, if necessary)	rticles, enter change(s) here: . (Be specific)	

The date of each amendment(s) adoption: October 21,202/ if other than the date this document was signed. Effective date if applicable: October 21,202/
00/2h = 21 2021
Effective date if applicable: (10 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.

here are no members or members entitled to vote on the amendment(s). The amendment(s) was/were dopted by the board of directors.
Dated $\frac{D/2I/202I}{}$
Signature Sharel Doores
(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)
Grisel Torres
(Typed or printed name of person signing)
Director
(Title of person signing)