

N220000009750

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

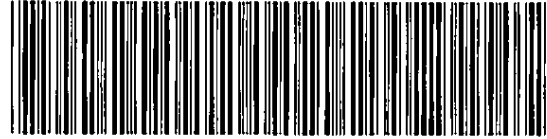
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

wrong form

Office Use Only



100429322501

2024 JUL -9 PM 1:01

05/13/24--01038--022 **43.75

JUL 09

S. PRATHER



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 24, 2024

IGLESIA LA SENDA DIVINA INC
11329 N. NEBRASKA AVE
TAMPA, FL 33612

SUBJECT: TEMPLO INTERNACIONAL LA CORBERTURA DEL ESPIRITU
SANTO
Ref. Number: W24000094549

We have received your document for TEMPLO INTERNACIONAL LA CORBERTURA DEL ESPIRITU SANTO and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a FLORIDA PROFIT CORPORATION, but your entity is a FLORIDA NON-PROFIT CORPORATION. Please complete and return the enclosed blank form(s).

The name must contain a word that will clearly indicate that it is a corporation. This word may be: CORPORATION, CORP., INCORPORATED, or INC. Sections 617.0401(1)(a) and 617.1506(1), Florida Statutes, prohibits the use of the word COMPANY or CO. in the name of a non-profit corporation.

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) 245-6939.

Stacy Prather
Regulatory Specialist III

Letter Number: 624A00013645

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Iglesia La Senda Divina INC

DOCUMENT NUMBER: N22000009750

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

Please return all correspondence concerning this matter to the following:

Marisol Sanchez-Pizarro

(Name of Contact Person)

Iglesia La Senda Divina Inc

(Firm/ Company)

711 lithia pinecrest rd

(Address)

brandon, FL 33511

(City/ State and Zip Code)

msanchez@guidedpathfoundation.com

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

For further information concerning this matter, please call:

Marisol sanchez-pizarro

813

578-1636

at

(Name of Contact Person)

(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)

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

2024 JUL -9 PM 1:01
ALL INFORMATION CONTAINED
HEREIN IS UNCLASSIFIED
DATE 07-09-2024 BY 60322
SP-1

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

Iglesia La Senda Divina Inc

(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:

Templo Internacional Cobertura Del Espiritu Santo 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**)

11329 n nebraska ave

Tampa, FL 33612

C. Enter new mailing address, if applicable:

(Mailing address **MAY BE A POST OFFICE BOX**)

P. BOX 280380

Tampa , FL 33682-0380

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:

11329 N Nebraska Ave

(Florida street address)

New Registered Office Address:

TAMPA

(City)

Florida 33612

(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

Please remove officer Yudelka Rodriguez-Damaso. Please change Principal Address .

- ☐ 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 07/08/2024

Signature Marisol Sanchez - Pizarro

(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)

Marisol Sanchez-Pizarro

(Typed or printed name of person signing)

President

(Title of person signing)

2024 JUL -9 PM 1:01
ALL INFORMATION CONTAINED
HEREIN IS UNCLASSIFIED