N25415

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COVER LETTER

TO: Amendment Section **Division of Corporations** Manantial de Bendición Asambleas de Dios, Inc. NAME OF CORPORATION: N25415 **DOCUMENT NUMBER:** The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Evaristo Caba (Name of Contact Person) Manantial de Bendicion Asambleas de Dios Inc. (Firm/ Company) 704 McLeoad Ave. Haines City FL. 33844 (City/ State and Zip Code) manantial704@aol.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Rev. Evaristo Caba (Area Code & Daytime Telephone Number) (Name of Contact Person) Enclosed is a check for the following amount made payable to the Florida Department of State: □\$52.50 Filing Fee □\$43.75 Filing Fee & □\$43.75 Filing Fee & ■ \$35 Filing Fee Certificate of Status Certificate of Status Certified Copy Certified Copy (Additional copy is (Additional Copy is enclosed) Enclosed)

Mailing Address

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street Address

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

Manantial Bendicion Asambleas de Dios Inc.

(Name of Corporation as currently filed with the	Florida Dept. of State)		
N	125415		
(Document Number of	Corporation (if known)		
Pursuant to the provisions of section 617.1006, Florida Statamendment(s) to its Articles of Incorporation:	rutes, this <i>Florida Not For Profit Corporation</i>	n adopts the f	following
A. If amending name, enter the new name of the corpor	ration:		
N/A			The new
name must be distinguishable and contain the word "corpo "Company" or "Co," may not be used in the name	oration" or "incorporated" or the abbreviation	on "Corp." o	
B. Enter new principal office address, if applicable:	N/A	14	ಪ್
(Principal office address <u>MUST BE A STREET ADDRES</u>	<u>sz</u>)		S
		1 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	SEP 20
		17 1 (a)	9 1
C. Enter new mailing address, if applicable:	N/A		差に
(Mailing address <u>MAY BE A POST OFFICE BOX</u>)	11//		<u>ب</u>
			<u>5</u>
D. If amending the registered agent and/or registered o	ffine address in Florida automate arms of	4h -	
new registered agent and/or the new registered offic		<u>tne</u>	
Name of New Registered Agent: N/A			
	(Florida street address)		
New Registered Office Address:			
	, Florida		
(Ci	ry)	(Zip Code)	
New Registered Agent's Signature, if changing Register	ed Agent:	_	
I hereby accept the appointment as registered agent. I am	familiar with and accept the obligations of th	ne position.	
Simulation (2)	au Basistan d'Assat (C.)		
Signature of Ne	ew Registered Agent, if changing		

Page 1 of 4

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>PT</u> <u>V</u> <u>SV</u>	John Do Mike Jo Sally Sn	nes		
Type of Action (Check One)	<u>Title</u>		Name		<u>Addres</u> s
1) Change Add Remove		_			
2) Change Add Remove		_			
3) Change Add Remove		_			
4) Change Add Remove		_			
5) Change Add Remove		_		- ,	
6) Change Add Remove		_		-	

(attach additional sheets, if necessary). (Be specific)
Articule II. Porpose. Letter B
Southeastern Spanish District Council of the Assemblies of the AG
will be changed toFlorida Multicultural District Council of the Assemblies of God, Inc.
Articule V Term
Southeastern Spanish District Council of the Assemblies of the AG Inc.
will be changed toFlorida Multicultural District Council of the Assemblies of God, Inc.
Resolution
Southeastern Spanish District Council
will be changed toFlorida Multicultural District Council of the Assemblies of God, Inc.

E. If amending or adding additional Articles, enter change(s) here:

The	date of each amendment(s) adoption: September 15, 2013	, if other than the		
date this document was signed. Effective date if applicable: September 15, 2013				
	(no more than 90 days after amendment file date)			
Ada	option 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 September 15, 2013			
	Signature			
	(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)			
	Rev. Evaristo Caba			
	(Typed or printed name of person signing)			
	Senior Pastor			
	(Title of person signing)			