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SECRETARY OF STATE TALLAHASSEE, FLORIDA

Anund Anund Chs (10 4) 20/10

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	PRATION: <u>PRIMERA</u>	IGLESIA BAUTIST	TA DE LONGAROUD, 1
DOCUMENT NUM	BER: N970000	00569	
The enclosed Article	s of Amendment and fee are su	bmitted for filing.	
Please return all corr	espondence concerning this ma	tter to the following:	
II Pain	9NtoNio MARTA (Name o Lesia Bautista MERA Iglosia Ba (Firm	YNEZ f Contact Person) A ALTAR DE VI WHISTA DE JOUGU n/Company)	DA ETERNA.
_3	95 TUSKAWIL	LA ROAd Address)	
•	INTER SPRING.	s FL 32708	?
	tonyazzec	ed for future annual report notific	cation)
For further informati	on concerning this matter, pleas	se call:	
ANTONIO (Name	MARTINEZ of Contact Person)	at (<u>321</u>) <u>945</u> (Area Code & Dayt	ime Telephone Number)
Enclosed is a check t	or the following amount made	payable to the Florida Departmen	nt of State:
X \$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)
Ame Divis P.O.	ing Address Indment Section Ission of Corporations Box 6327 hassee, FL 32314	Street Address Amendment Section Division of Corporati Clifton Building 2661 Executive Cent Tallahassee, FL 3230	ións er Circle

Articles of Amendment Articles of Incorporation

PRIMERA I 9/csia Bautista DE LONGWOOD, INC. (Name of Corporation as currently filed with the Florida Dept. of State)

N97000000569

10110-0000	· · · /	
(Document Nu	imber of Corporation (if known)	14
Pursuant to the provisions of section 617.1006 the following amendment(s) to its Articles of		Profit Corporation adopts
A. If amending name, enter the new name		-1-0014
I GIESIA BAUTSTA	ALTAR DE VIDA	ETERNA, INC.
The new name must be distinguishable and abbreviation "Corp." or "Inc." "Company"	contain the word "corporation" or "inc or "Co," may not be used in the name.	corporated" or the
B. Enter new principal office address, if ap	oplicable:	
(Principal office address <u>MUST BE A STRE</u>		4 WILLA ROAD. 1495 FL 32708
	WINTEL SPR	INGS FL 32708
C. Enter new mailing address, if applicabl (Mailing address MAY BE A POST OFF	FICE BOX)	
	395 Task	AWILLA ROAD.
	1. 4-2	AWI <i>lla ROAD</i> PRINGS FL 32708
	WINTER SI	KINGS FL 32108
D. If amending the registered agent and/or new registered agent and/or the new reg		ter the name of the
Name of New Registered Agent:		
New Registered Office Address:	(Florida street address)	_
		, Florida
	(City)	, Florida (Zip Code)
New Registered Agent's Signature, if chang	ging Registered Agent:	
I hereby accept the appointment as registere position.		pt the obligations of the
	Signature of New Registered Agent, if cha	anging

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)				
<u>Title</u> <u>Name</u>	Address	Type of Action		
D ZOUAIN, ADALGISA	667 WEY BRIDGE CT.	☐ Add Remove		
D SANTONI ROSA	352 RIUNITE CK, WINTER SPRINGS FL, 32			
D CEDINO, SAMUEL	2283 SUNNY VIEW DR. OVIEDO FL 32765	Add Remove		
E. If amending or adding additional Articles, (attach additional sheets, if necessary). (Be				
(attach additional sneets, if necessary). (Be	specific)			
	·			
	-			

The date of each amendment(s) as	doption: $\frac{06-01-2010}{1000000000000000000000000000000000$
Effective date if applicable:	(date of adoption is required)
Enterive date in applicable.	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/were adwas/were sufficient for approval	opted by the members and the number of votes cast for the amendment(s)
There are no members or membadopted by the board of director	pers entitled to vote on the amendment(s). The amendment(s) was/were rs.
Dated	-01-2010
Signature (atorio Matrica
have not	chairman or vice chairman of the board, president or other officer-if directors been selected, by an incorporator – if in the hands of a receiver, trustee, or art appointed fiduciary by that fiduciary)
-4	ANTONIO MARTINEZ (Typed or printed name of person signing)
	PD
	(Title of person signing)

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