N9800003924

(Requestor's Name)
(Address)
(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:

Office Use Only



200050051682

04/11/05--01081--003 **52.50

FILED

05 MAY -4 PH 12: 48

SECRETARY OF STATE
TALLAHASSEE FLORIDA

Ohli

\$ 17507 MAY 05 2005

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: Igles Pa de Dros el Rebaño FPel, IUC.
DOCUMENT NUMBER: 1)98000002924
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Drogenes de la Rosa (Name of Contact Person)
Igles Pa de Dros el Prebaño Fiel, INC. (Firm/Company)
5808 W9110wbwd Court (Address)
Orlando, Florada, 32807 (City/State/and Zip Code)
For further information concerning this matter, please call:
Drogenes de la hosa at (407) 281 7950 (Name of Contact Person) (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
□ \$35 Filing Fee □ \$43.75 Filing Fee & □ \$52.50 Filing Fee Certificate of Status (Additional copy is enclosed) (Additional Copy is enclosed)
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327409 E. Gaines Street

Tallahassee, FL 32399

Tallahassee, FL 32314



FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

April 19, 2005

DIOGENES DE LA ROSA 5808 WILLOWBUD CT ORLANDO, FL 32807

SUBJECT: IGLESIA DE DIOS EL REBANO FIEL, INC.

Ref. Number: N98000002924

We have received your document for IGLESIA DE DIOS EL REBANO FIEL, INC. and your check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The date of adoption of each amendment must be included in the document.

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) 245-6927.

Tracy Smith **Document Specialist**

Letter Number: 505A00026757

IN ISION OF CORFORATION: 05 MAY -3 AM 9: 29

Articles of Amendment to Articles of Incorporation of Talesta De Dros El hebaño Pel INC. (Name of corporation as currently filed with the Florida Dept. of State) N9800002924 (Document number of corporation (if known)	:
Pursuant to the provisions of section 617.1006, Florida Statutes, this <i>Florida Not For Fit</i> Corporation adopts the following amendment(s) to its Articles of Incorporation:	
NEW CORPORATE NAME (if changing):	
(must contain the word "corporation," "incorporated," or the abbreviation "corp." or "inc." or words of like i. language; "Company" or "Co." may <u>not</u> be used in the name of a not for profit corporation)	 • =
AMENDMENTS ADOPTED- (OTHER THAN NAME CHANGE) Indicate Article Number(s) and/or Article Title(s) being amended, added or deleted: (BE SPECIFIC)	
Artecle I : Corporate name the new name of	
	_
the company will be Christian Center New Userc	n, in
Article It. prencepal place of bosness & malleng	
address/75 North Bumby Ave. Orlando, FL,	328O
Arthe Minimonda/	-
voted on Article I on 1-4-05	
Articett 1-4-05	
All orticles adopted on 1-4-05	

(Attach additional pages if necessary)

(continued)

The date of adoption of the amendment(s) was: 1-4-05
Effective date if applicable:
(no more than 90 days after amendment file date)
Adoption of Amendment(s) (CHECK ONE)
The amendment(s) was (were) adopted by the members and the number of votes cast for the amendment was sufficient for approval.
☐ There are no members or members entitled to vote on the amendment. The amendment(s) was (were) adopted by the board of directors.
Signed this 5 day of April 2005
Signature Longer 19/4/
(By the chairman or vice chairman of the board, president or other officer- if directors have not been selected, by an incorporator- if the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary.)
DIGGENES DE CH GOSA (Typed or printed name of person signing)
(Title of person signing)

FILING FEE: \$35