N98000003735

| (Re | equestor's Name) | |
|-------------------------|--------------------|-------------|
| (Ad | ldress) | |
| (Ad | ldress) | |
| (Cit | ty/State/Zip/Phon | e #) |
| PICK-UP | WAIT | MAIL |
| (Bu | isiness Entity Nai | me) |
| (Do | ocument Number |) |
| Certified Copies | _ Certificates | s of Status |
| Special Instructions to | Filing Officer: | |
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2015 JAN 13 AM 10: 28
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Amund 10,14,15

COVER LETTER

TO: Amendment Section Division of Corporations

| NAME OF CORPORATION: | DEL EVANGELIO F | PLENO DE MIAMI, INC. |
|--|---|--|
| DOCUMENT NUMBER: | N980000037 | ' 35 |
| | | |
| The enclosed Articles of Amendment and fee are | submitted for filing. | |
| Please return all correspondence concerning this n | natter to the following: | |
| REV. ALV | ARO DE SA | |
| | (Name of Contact Person | 1) |
| · | (Firm/ Company) | |
| 2520 CORA | L WAY SUIT | E #2-167 |
| | (Address) | ************************************** |
| MIAM | I FL. 33145 | |
| | (City/ State and Zip Code | e) |
| | | |
| E-mail address: (to be | used for future annual report r | notification) |
| For further information concerning this matter, ple | ease call: | |
| REV. ALVARO DE SA | | 491-0224 |
| (Name of Contact Person) | at (at (| 491-0224 ode & Daytime Telephone Number) |
| · | | |
| Enclosed is a check for the following amount mad | e payable to the Florida Depa | rtment of State: |
| \$35 Filing Fee \$\sum \\$43.75 Filing Fee Certificate of State | e & \$\sumsymbol{\subset}\$ | □\$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 | Amend Divisio Clifton 2661 E | Address ment Section n of Corporations Building xecutive Center Circle ussee, FL 32301 |



RECEIVED 15 JAN 13 AM 8: 42

FLORIDA DEPARTMENT OF STATE FRANCE OF BLANCE O

December 1, 2014

REV. ALVARO DE SA 2520 CORAL WAY STE. #2-167 MIAMI, FL 33145

SUBJECT: IGLESIA DEL EVANGELIO PLENO DE MIAMI, INC.

Ref. Number: N98000003735

We have received your document for IGLESIA DEL EVANGELIO PLENO DE MIAMI, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document you submitted has been prepared pursuant to profit statutes (chapter 607, Florida Statutes). As the entity was originally filed as a nonprofit corporation, this document should be filed pursuant to chapter 617, Florida Statutes.

We are enclosing the proper form(s) with instructions for your convenience.

The registered agent must sign accepting the designation.

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) 245-6050.

Irene Albritton Regulatory Specialist II

Letter Number: 814A00025215

Articles of Amendment to Articles of Incorporation

ωf

IGLESIA DEL EVANGELIO PLENO DE MIAMI, INC.

| (Name of Corporation as current | ly filed with the Flo | | | |
|--|-----------------------|---------------------------------------|---|------------|
| (Doc | ument Number of Co | orporation (if known) | | |
| Pursuant to the provisions of section 617. amendment(s) to its Articles of Incorporate | | es, this Florida Not For Profit Corpo | oration adopts the f | following |
| A. If amending name, enter the new na | me of the corporati | ion: | | |
| , | | | | The new |
| name must be distinguishable and contain "Company" or "Co." may not be used in | | tion" or "incorporated" or the abbr | eviation "Corp." o | r "Inc." |
| B. Enter new principal office address, if applicable | | 2520 CORAL WAY | | |
| (Principal office address MUST BE A ST | TREET ADDRESS) | SUITE 2-167 | | |
| | | MIAMI, FL. 33145 | | 2 |
| C. Enter new mailing address, if applied (Mailing address MAY BE A POST C | cable: OFFICE BOX | | LLAHAS | FILE |
| D. If amending the registered agent an | d/or registered offic | re address in Florida enter the nor | S C C C C C C C C C C C C C C C C C C C | Horsell 28 |
| new registered agent and/or the new | | | HE OF THE | Dril O |
| Name of New Registered Agent: | REV. ALVA | RO DE SA | - | |
| | 2520 CORA | AL WAY SUITE #2-167 | _ | |
| New Registered Office Address: | | (Florida street address) | | |
| | MIAMI | , Florida | 33145 | <u></u> |
| | (City) | | (Zip Code) | |
| New Registered Agent's Signature, if cl I hereby accept the appointment as registe | ered agent. I am fay | miliar with and accept the obligation | as of the position. | |
| | Signature of New | 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 <math>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.

| X Change | <u>PT</u> | John Doe | |
|----------------------------|-----------|------------------------|------------------------|
| X Remove | <u>v</u> | Mike Jones | |
| X Add | <u>sv</u> | Sally Smith | |
| Type of Action (Check One) | Title | Name | <u>Addres</u> s |
| 1) Change | Р | OLGA ORTIZ-MERA | 2335 ARCH CR. DRIVE |
| Add | | | NORTH MIAMI FL. 33181 |
| Remove | | | |
| 2) Change | VP | OLGA ORTIZ-MERA | 2335 ARCH CR. DRIVE |
| Add | | | NORTH MIAMI, FL. 33181 |
| Remove | | | |
| 3) Change | VP | REV. ALVARO DE SA | 217 NW 34 AVE. |
| Add | • | | MIAMI FL. 33125 |
| Remove | | | |
| 4) Change | Р | REV. ALVARO DE SA | 217 NW 34 AVE. |
| Add | | | MIAMI FL 33125 |
| Remove | | | |
| 5) Change | Т | Rev. Fermin Castanedas | 840 82nd ST. #3 |
| Add | | - | Miami Beach, Fl. 33141 |
| Remove | | | |
| 6) Change | s | ENY C. LIMS | 217 NW 34 AVE. |
| Add | | | MIAMI FL. 33125 |
| Remove | | | **** |

| 2. If amending or adding additional Articles, enter change(s) here: | | | |
|---|--|--|--|
| (Attach additional sheets, if necessary). | (Be specific) | | |
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| . If an amendment provides for an excl | nange, reclassification, or cancellation of issued shares. | | |
| provisions for implementing the ame | indment if not contained in the amendment itself: | | |
| (if not applicable, indicate N/A) | | | |
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| The date of each amendment | NOVEMBER 10th, 2014 | , if other than the |
|---|---|---------------------|
| date this document was signed. | | |
| Effective date if applicable: | NOVEMBER 10th, 2014 | |
| | (no more than 90 days after amendment file date) | _ |
| Adoption of Amendment(s) | (CHECK ONE) | |
| The amendment(s) was/w was/were sufficient for ap | ere adopted by the members and the number of votes cast for the amendment(s) oproval. | |
| adopted by the board of c | | |
| Dated NO | VEMBER 10th, 2014 | |
| Signature | b. Hu. | |
| have n | chairman or vice chairman of the board, president or other officer-if directors not been selected, by an incorporator – if in the hands of a receiver, trustee, or court appointed fiduciary by that fiduciary) | _ |
| | REV. ALVARO DE SA | |
| | (Typed or printed name of person signing) | |
| | VP | |
| | (Title of person signing) | |