## 

(Requestor's Name)  (Address)  (Address)	900155976789
(City/State/Zip/Phone #)	
(Business Entity Name)  (Document Number)  Certified Copies Certificates of Status  Special Instructions to Filing Officer:	2009 JUN 15 PM 2: 18 SECRETARY OF STATE TALLAHASSEE, FLORIDA
Office Use Only	-   -0 0

## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

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NAME OF CORPORATION: LENESE 1	VAVAL MI	NISTRIES, INC
DOCUMENT NUMBER: N98000051	34	
The enclosed Articles of Amendment and fee are submitted for	or filing.	
Please return all correspondence concerning this matter to the	e following:	
LENESE NA	Person)	
SAME AS (Firm/Compa	above any)	
3772 South	military	Trail
LAKE WORTH (City/ State and Zi	ip Code)	<u>763</u>
JESUS Plans By E-mail address: (to be used for fut	ahoo - Com ure annual report notification	n) ———
For further information concerning this matter, please call:		
Lenese Naval at (Name of Contact Person)	561 294_ (Area Code & Daytime T	6623 Telephone Number)
Enclosed is a check for the following amount made payable to	o the Florida Department of	State:
Certificate of Status Cert (Addentificate of Status)	ified Copy ditional copy is	□ \$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 Clifton Building 2661 Executive Center Cir Tallahassee, FL 32301	cle

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2009 ///
on 30,4/5 PM 2
on 2009 JUN 15 PM 2: 18
STRIESMAN
Florida Dept. of State)
if known)
Florida Not For Profit Corporation adopts
SUS CHRIST MINISTRIE rporation" or "incorporated" or the INC used in the name.
11/16005 Trail ake worth Pl33463

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:

N/4	
(Florida street address)	
N/A	, Florida (Zip Code)
	N/A (Florida street address) N/A (City)

New Registered Agent's Signature, if changing Registered Agent:

C. Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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

same as above

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
<u>SD</u>	ALTIDOR, MARGALY	5559 Harverton Way: Lake Worth Florida 33463	☐ Remove
SD	MONIQUE CERVIUS	4073 Rogers St. Palm Beach Gerden Florida 33410	
			_ 🔲 Add
(attach ada	ng or adding additional Articles, enter ditional sheets, if necessary). (Be specific	ic)	P- P
ARIIC	CLE TITLE: NE	AME OF COK	<u> 10 KATI</u> ON
			•
		4	
			<u></u>

The date of each amendment(s) adoption:   The date of each amendment(s) adoption:   (date of adoption is required)  (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(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 June 10, 2009 Signature Secret
(By the 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)
LENESE NAVAL (Typed or printed name of person signing)
PRESIDENT SENIOR PASTOR (Title of person signing)

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