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## COVER LETTER

TO: Amendment Section Division of Corporations

Tallahassee, FL 32314

NAME OF CORPORATION: Communidad Familiar Tabelnaculo de Adovación
DOCUMENT NUMBER: N 0600007845
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Luz Suarez
(Name of Contact Person)
(Firm/ Company)
21 Bayshore Dr.
(Address)
Shalimal, FL 32579 (City/ State and Zip Code)
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
LUZ SUAREZ at (850) 5981917
(Name of Contact Person) at (800) 5981917  (Area Code) (Daytime Telephone Number)
Enclosed is a check for the following amount made payable to the Florida Department of State:
S35 Filing Fee S43.75 Filing Fee & S43.75 Filing Fee & S52.50 Filing Fee & Certificate of Status (Additional copy is enclosed)  S52.50 Filing Fee Certificate of Status (Certified Copy (Additional Copy is Enclosed)
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## Articles of Amendment Articles of Incorporation of

Communidad Familiar Tabilinaculo de Adoración II	NC.	<u> </u>
(Name of Corporation as currently filed with the Florida Dept. of State)		
N06000001845		
(Document Number of Corporation (if known)		_
Pursuant to the provisions of section 617.1006. Florida Statutes, this <i>Florida Not For Profit Corporation</i> adamendment(s) to its Articles of Incorporation:	opts the f	following
A. If amending name, enter the new name of the corporation:		
Comunidad Familiar Tabernaculo de Adoración INC		The new
name must he distinguishable and contain the word "corporation" or "incorporated" or the abbreviation "( "Company" or "Co." may not be used in the name.	Corp." o	r "Inc."
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	<del>_</del>	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		E C F
(Maning address MAT BE A 1931 OF I ICE DOS)	٠.	
		i.
<u></u>	<del>.</del> .	<u> </u>
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:	,	_
Name of New Registered Agent:		<u></u>
(Florida street address)  New Registered Office Address:		
, Florida		
(City) (Zip C		
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the p	osition.	
Signature of New Registered Agent, if changing		

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	PT         John Do           V         Mike Jo           SV         Sally St	<u>ones</u>	
Type of Action (Check One)	Title	Name	Address
1) Change Add			
Remove			
2) Change Add			
Remove 3 ) Change Add Remove			
4) Change Add	<del></del>		
Remove			
5) Change Add			
Remove			
6) Change Add			
Remove			
E. If amending or addi (attach additional she	ng additional Art ets, if necessary).	ticles, enter change(s) here: (Be specific)	
	-		

The date of each amendment(s) adoption: ONONES, if other than the date this document was signed.
Effective date if applicable:
Effective date if applicable:  (no more than 90 days after amendment file date)
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.
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.

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)  LUZ SUARCE  (Typed or printed name of person signing)	Dated	0.5 111/52
(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)  LUZ SUARCL	Cianatur	. lw
	Signatui	(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
(Typed or printed name of person signing)		LUZ SUARCZ
		(Typed or printed name of person signing)
		President
President		(Title of person signing)