## N14000006499

| (Requestor's Name)                      |                           |
|---|---------------------------|
| (Address)                               | 400427891                 |
| (Address)                               |                           |
| (City/State/Zip/Phone #)                | 04717724- <b>-01</b> 0300 |
| (Business Entity Name)                  |                           |
| (Document Number)                       |                           |
| Certified Copies Certificates of Status |                           |
| Special Instructions to Filing Officer: | PAIE PAIE                 |
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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

| NAME OF CORPORATION:   | A DE LOS HERMANOS INC.   |                                 |
|--|--|---------------------------------|
| DOCUMENT NUMBER:   |  |                                 |
| The enclosed Articles of Amendment and fee are sub   | mitted for filing.   |                                 |
| Please return all correspondence concerning this matt  | er to the following:   |                                 |
| ARTIMIOS BUDIER  |  |                                 |
|  | (Name of Contact Person)   |                                 |
| SHALOM IGLESIA DE LOS HERMANOS INC.  |  | 7 %                             |
|  | (Firm/ Company)  |                                 |
| 5008 9TH STREET COURT E.   |  |                                 |
| BRADENTON FLORIDA 34203  | (Address)  | PHI2: 59<br>CF STATE<br>SEE, FL |
|  | (City/ State and Zip Code)   | m · m                           |
| artibudier@hotmail.com   |  |                                 |
| E-mail address: (to be used  | d for future annual report notification)   |                                 |
| For further information concerning this matter, please   | e call:  |                                 |
| ARTIMIOS BUDIER  | 941 465-5764<br>at   | <u> </u>                        |
| (Name of Contact Person Enclosed is a check for the following amount made p                    | n) (Area Code) (Dayt   | ime Telephone Number)           |
| ■ \$35 Filing Fee □\$43.75 Filing Fee & Certificate of Status                                  | □\$43.75 Filing Fee & □\$52.50 Filing Certified Copy (Additional copy is enclosed) □\$crtified Cop (Additional Copy is enclosed) | Status<br>y                     |
| Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 | Street Address Amendment Section Division of Corporations The Centre of Tallahas 2415 N. Monroe Street Tallahassee, FL 32303     | ssee                            |

## Articles of Amendment to Articles of Incorporation of

|  |   | 11                          |
|--|---|-----------------------------|
| (Name of Corporation as currently filed with the Florida   | Dept. of State)                                       |                             |
| N14000006499   |   | Į l                         |
| (Document Num  | nber of Corporation (if known)                        |                             |
| Pursuant to the provisions of section 617,1006, Florida Statuamendment(s) to its Articles of Incorporation:          | utes, this <i>Florida Not For Profit Corpo</i>        | ration adopts the following |
| A. If amending name, enter the new name of the corporate   | ation:  |                             |
| SHALOM - IGLESIA DE LOS HERMANOS INC.  |   | The new                     |
| name must be distinguishable and contain the word "corpor" (Company" or "Co." may not be used in the name.           | ration" or "incorporated" or the abbre                |                             |
| B. Enter new principal office address, if applicable:  | 6323 13TH STREET CT. E.                               |                             |
| (Principal office address <u>MUST BE A STREET ADDRES</u>   | S) BRADENTON FLORIDA 34203                            | - Sign                      |
|  |   |                             |
| C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)                              | 5008 9TH STREET COURT E.                              | 17 PL                       |
|  | BRADENTON FLORIDA 34203                               | 12 Z                        |
|  |   | 59 E                        |
| D. If amending the registered agent and/or registered of new registered agent and/or the new registered office       |   | ne of the                   |
| ARTIM  | HOS BUDIER (PASTOR)                                   | <u> </u>                    |
| Name of New Registered Agent:  | TH STREET COURT E.                                    | <u> </u>                    |
| New Registered Office Address:   | (Florida street addre                                 | (22.2                       |
| BRADE  | ENTON   | 34203<br>, Florida          |
|  | (City)  | (Zip Code)                  |
| New Registered Agent's Signature, if changing Registered I hereby accept the appointment as registered agent. I am J |   | s of the position.          |
| <u> </u>   | Ecoclety M<br>Signature of New Registered Agent, if o | changing                    |

|   | <u>.                                    </u> |
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| The date of each amendment(s) adoption:   | if other than the                            |
| Estantion data if annicable.  |  |
| (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 d document's effective date on the Department of State's records. | ate will not be listed as the                |
| Adoption of Amendment(s) (CHECK ONE)  |  |
| The amendment(s) was/were adopted by the members and the number of votes cast for the amendr was/were sufficient for approval.  | nent(s)                                      |

| (Attach additional sheets,<br>Please note the officer/dit<br>P = President; V = Vice F | if necess<br>rector title<br>President;<br>Chief Fi | e by the first letter of the office title:<br>T= Treasurer; S= Secretary; D= Direct<br>inancial Officer. If an officer/director ho |   |   |           |
|--|---|--|---|---|-----------|
| Changes should be noted<br>a change, Mike Jones lea<br>Mike Jones, V as Remove         | ves the co  | lowing manner. Currently John Doe is loopporation, Sally Smith is named the V an ly Smith, SV as an Add.                           | isted as the PST and Mike<br>nd S. These should be note | Jones is listed as the V. There<br>d as John Doe, PT as a Chang | e i<br>ge |
| Example: X Change X Remove X Add   | <u>PT</u> <u>V</u> <u>SV</u>                        | John Doe<br>Mike Jones<br>Sally Smith  |   |   |           |
| Type of Action (Check One)   | <u>Title</u>  | <u>Name</u>  | <u>Addres</u> s   |   |           |
| 1) Change Add  | <u> </u>  | JOSE M. SANTANA  |   |   |           |
| 2) Change Add  |   |  |   | ESTATE 59   |           |
| Remove 3) Change Add Remove  |   |  |   |   |           |
| 4) Change Add  | •   | _  |   |   |           |
| Remove  5) Change Add  |   | _  |   |   |           |
| Remove 6) Change   |   |  |   |   |           |
| Add Remove   |   |  |   |   |           |
|  |   | onal Articles, enter change(s) here: essary). (Be specific)  |   |   |           |
|  |   |  |   |   |           |
|  | <u>.</u>  |  |   |   |           |

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name,

| re no members or members entitled to vote on the amendment(s). The amendment by the board of directors.  | nt(s) was/were |
|--|----------------|
| Dated TEUSDAY 03/ 19/ 2024   |                |
| Signature Magicey M  |                |
| (By the chairman or vice chairman of the board, president or other office have not been selected, by an incorporator – if in the hands of a receive other court appointed fiduciary by that fiduciary) |                |
| Artimios Budier  |                |
| (Typed or printed name of person signing)  |                |
|  |                |

(Title of person signing)