

DO7 000 000 032

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

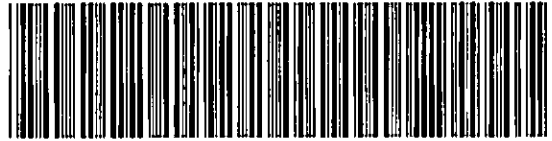
(Business Entity Name)

(Document Number)

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600368339496

Amendment to  
Declaration of  
Trust

06/22/21--01013--016 \*\*35.00

FILED

2021 JUN 22 AM 8:43

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

JUL 23 2021

A RAMSEY

**COVER LETTER**

TO: Amendment Section  
Division of Corporations

NAME OF TRUST: Quinta Avenida Spanish Congregation of Jehovah's Witnesses

DOCUMENT NUMBER: \_\_\_\_\_

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

OBET MACEDA

\_\_\_\_\_  
Name of Contact Person

\_\_\_\_\_  
Firm/ Company

491 E 14 STREET

\_\_\_\_\_  
Address

HALEAH, FL 33010

\_\_\_\_\_  
City/ State and Zip Code

obetmaceda@yahoo.com

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

OBET MACEDA at ( 305 ) 788-6482  
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department of State:

- |   |  |   |  |
|---|--|---|--|
| <input checked="" type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certified Copy<br>(Additional copy is<br>enclosed) | <input type="checkbox"/> \$52.50 Filing Fee<br>Certificate of Status<br>Certified Copy<br>(Additional Copy<br>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 Circle  
Tallahassee, FL 32301

Articles of Amendment  
to  
Declaration of Trust

FILED

QUINTA AVENIDA SPANISH CONGREGATION OF JEHOVAH'S WITNESSES

2027 JUN 22 AM 8:43

(Name of Trust as currently filed with the Florida Dept. of State)

1007000000032

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

(Document Number of Trust (if known))

Pursuant to the provisions of section 609.02, Florida Statutes, this **Trust** adopts the following amendment(s) to its Declaration of Trust:

**A. If amending name, enter the new name of the Trust:**

*The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.," or the designation "Corp.," "Inc.," or "Co.". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."*

**B. Enter new principal office address, if applicable:**  
(Principal office address **MUST BE A STREET ADDRESS**)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**C. Enter new mailing address, if applicable:**  
(Mailing address **MAY BE A POST OFFICE BOX**)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

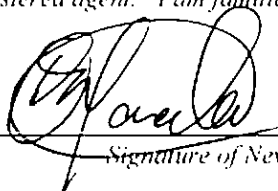
**D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:**

Name of New Registered Agent OBET MACEDA  
118 East 13 st  
(Florida street address)

New Registered Office Address: HIALEAH, Florida 33010  
(City) (Zip Code)

**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 position.*



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                      PT        John Doe

X Remove                    V        Mike Jones

X Add                        SV        Sally Smith

Type of Action (Check One)	Title	Name	Address
1) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	TR	ORLANDO A MARTINEZ, TRUST	491 E 14 STREET HIALEAH, FL 33010
2) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	TR	TOMAS A. MURGADO, TRUSTEE	491 E. 14 STREET HIALEAH, FL 33010
3) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	TR	OBET MACEDA , TRUSTEE	491 E. 14 STREET HIALEAH, FL 33010
4) <input type="checkbox"/> Change <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove	VP	JOSE E SANCHEZ, TRUSTEE	491 E. 14 STREET HIALEAH, FL 33010
5) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove			
6) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove			

**E. If amending or adding additional Declarations, enter change(s) here:**

(Attach additional sheets, if necessary). (Be specific)

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

**F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:**

(if not applicable, indicate N/A)

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05/19/2021

The date of each amendment(s) adoption: \_\_\_\_\_, if other than the date this document was signed.

05/19/2021

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 trustees. The number of votes cast for the amendment(s) by the trustees was/were sufficient for approval. (81 members present for vote adopted changes to trustee)

☐

The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s): the number of votes cast for the amendment(s) was/were sufficient

for approval by \_\_\_\_\_  
(voting group)

☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.

☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.

05/19/2021  
Dated \_\_\_\_\_

Signature \_\_\_\_\_

(By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)

ORLANDO A MARTINEZ

\_\_\_\_\_  
(Typed or printed name of person signing)

TRUSTEE

\_\_\_\_\_  
(Title of person signing)