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(Re	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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Office Use Only



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COVER LETTER

TO: Amendment Section Division of Corporations

Tallahassee, FL 32314

NAME OF TRUST:	Quinta Avenida Sp	panish Congregation of Jeho	ovah's Witnesses	
DOCUMENT NUME	BER:			
The enclosed Articles	of Amendment and fee are su	bmitted for filing.		
Please return all corres	spondence concerning this ma	tter to the following:		
	OBET MACEDA			
		Name of Contact Person	1	
		Firm/ Company		
	491 E 14 STREET			
		Address		
	HIALEAH, FL 33010			
		City/ State and Zip Code	e	
ohetn	naceda@yahoo.com			
	. .	sed for future annual report	notification)	
	is man address, (to be a	sed for rature aimadi report	nottication	4
For further information	n concerning this matter, pleas	se call:		7.03 000 = 7
OBET MACEDA		at (788-6482	
Name (of Contact Person	Area Co	de & Daytime Telephone Number	<u> </u>
Enclosed is a check fo	r the following amount made	payable to the Florida Depa	nrtment of State:	
■ \$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	
Ame Divi	endment Section ision of Corporations Box 6327	Ameno Divisio	Address Iment Section on of Corporations Building	

2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment to Declaration of Trust

QUINTA AVENIDA SPANISH CONGREGATION OF JEHOVAH'S WITNESSES

	of I rust as currently file	l with the Florida Dept. of	State)	
			<u></u> ,	
D07000000032				
	(Document Number	of Trust (if known)		
Pursuant to the provisions of section 609.	02, Florida Statutes, this 7	rust adopts the following ar	nendment(s) to its Declaration of Tr	ust:
A. If amending name, enter the new na	ime of the Trust:			
			The new n	ıme
must be distinguishable and contai "Corp.," "Inc.," or Co.," or the dest word "chartered," "professional associa	ignation "Corp," "Inc,"	or "Co". A professional	incorporated" or the abbrevia	tion
B. Enter new principal office address, (Principal office address MUST BE A S		 -		
C. Enter new mailing address, if appli (Mailing address MAY BE A POST)				
				
D. If amending the registered agent an new registered agent and/or the new			name of the , ~	
Name of New Registered Agent	OBET MACEDA		and or the	
	118 East 13 st		· · ·	
	(Florida :	treet address)		
New Registered Office Address:	HIALEAH		33010	
New Registered Office Address.		(Cip)	Zip Codes.	
New Registered Agent's Signature, if c	hanging Registered Age:	it:	ions of the position	
- nereoy accept the appointment as regist	Olla	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	<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	<u>Name</u>	<u>Addres</u> s
1) X Change	TR	ORLANDO A MARTINEZ, TRUST	491 E 14 STREET
Add			HIALEAH, FL 33010
Remove			
2) Change	TR	Ronny Acosta . Trustee	491 E. 14 STREET
X Add			HIALEAH. FL 33010
Remove			491 E. 14 STREET 5
3) X Change	TR	OBET MACEDA , TRUSTEE	<u> </u>
Add			HIALEAH, FL 33010
Remove			. =`
4) Change	TR	TOMAS A. MURGADO, TRUSTEE	491 E. 14 STREET
Add			HIALEAH, FL 33010
X Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

	
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f 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)	- 23
	(-1
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The date of each amendment(s) adoption:
08/22/2023
ffective 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 a ocument'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. (67 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.
22
08/22/2023
Dated 08/22/2023 E
/ / III//
Signature
(By a phrector, 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
appðinted fiduciary by that fiduciary)
·
ORLANDO A MARTINEZ
(Typed or printed name of person signing)
TRUSTEE
(Title of person signing)