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S. PRATHER

COVER LETTER

TO: Amendment Section Division of Corporations

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

Iglesia Misionera NAME OF CORPORATION:	Inc.		-0.00	
N00000004930				
DOCUMENT NUMBER:			 	
The enclosed Articles of Amendment and fee are su	ibmitted for filing.			
Please return all correspondence concerning this ma	atter to the following:			
Eloisa Otero				
	(Name of Contact Perso	on)		
Iglesia Misionera Inc.				
	(Firm/ Company)			
274 S. Center St.				
	(Address)			
Pierson Florida 32180				
	(City/ State and Zip Coo	le)	-	
Igleisa.misionera274@gmail.com				
E-mail address: (to be us	ed for future annual report	notificatio	n)	
For further information concerning this matter, plea	se call:			
Eloisa Otero	38 at	36	559-3150	
(Name of Contact Perso		rea Code)	(Daytime Telephone N	umber)
Enclosed is a check for the following amount made	payable to the Florida Dep	artment of	State:	
☐ \$35 Filing Fee ☐\$43.75 Filing Fee & Certificate of Status		Certif Certif	0 Filing Fee feate of Status fed Copy tional Copy is osed)	
Mailing Address Amendment Section		Address dment Sect	ion	

Division of Corporations

Tallahassee, FL 32303

The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Articles of Amendment to Articles of Incorporation

of Iglesia Missionera Inc. (Name of Corporation as currently filed with the Florida Dept. of State) N00000004930 (Document Number of Corporation (if known) Pursuant to the provisions of section 617,1006, Florida Statutes, this Florida Not For Profit Corporation adopts the following amendment(s) to its Articles of Incorporation: A. If amending name, enter the new name of the corporation: Igleisa Misionera Inc. name must be distinguishable and contain the word "corporation" or "incorporated" or the abbreviation "Corp." or "Inc." "Company" or "Co." may not be used in the name. 274 South Center Street B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Pierson Florida 32180 C. Enter new mailing address, if applicable: 274 South Center Street (Mailing address MAY BE A POST OFFICE BOX) Pierson Florida 32180 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: (Florida street address) New Registered Office Address: N/A (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.

N/A

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	nes	
Type of Action (Check One)	<u>Title</u>	Name	Address
1) Change Add		N/A	
Remove			
2) Change Add		N/A	
Remove 3) Change Add Remove		N/A	
4) Change Add		N/A	
Remove		<i>f</i>	
5) Change Add		N/A	
Remove		•	
6) Change Add		N/A	
Remove		_	
E. If amending or addin (attach additional shee	g additional Arti ts. if necessary).	cles, enter change(s) here: (Be specific)	
N/A			
			

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The date of each amendment(s) adoption: 5/30/2024 date this document was signed.	, if other than the
Effective date if applicable:	
Effective date if applicable: (no more than 90 days after amendment fit	le date)
Note: If the date inserted in this block does not meet the applicable statutory filing redocument's effective date on the Department of State's records.	
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The amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s) was/were sufficient for approval.

(CHECK ONE)

Adoption of Amendment(s)

	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 5/30/2024
	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)
	Eloisa Otero
	(Typed or printed name of person signing)
	President

(Title of person signing)