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COVER LETTER

TO: Amendment Section

Division of Corporations
NAME OF CORPORATION: Iglesia Misionera Inc.
DOCUMENT NUMBER: NO00000 4930
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Eloisa Otero
(Name of Contact Person)
Name of Contact Person) I glesia Misionera Inc. (Firm/ Company)
(Firm/ Company)
274 S. Center St.
(Address)
Pierson Florida 32180
(City/ State and Zip Code)
I glesia, misionera 274 Egmail.com
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Eloisa Otero at 386 - 559 - 3150 (Name of Contact Person) (Area Code) (Daytime Telephone Number)
(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:
☐ \$35 Filing Fee ☐ \$43.75 Filing Fee & ☐ \$43.75 Filing Fee & ☐ \$52.50 Filing Fee & ☐ Certificate of Status (Additional copy is enclosed) ☐ Certified Copy (Additional Copy is Enclosed)
Mailing Address Street Address
Amendment Section Amendment Section
Division of Corporations P.O. Box 6327 Division of Corporations The Centre of Tallahassee
Tallahassee, FL 32314 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

laleisa Misjoneva Inc.			
(Name of Corporation as currently filed with the Florida I	Dept. of State)		
N 0000000 4930			
(Document Numb	er of Corporation (if k	nown)	
Pursuant to the provisions of section 617.1006, Florida Statute amendment(s) to its Articles of Incorporation:	es, this <i>Florida Not Fo</i>	er Profit Corporation adopts the	following
A. If amending name, enter the new name of the corporat	<u>ion:</u>		
Ialesia Misionera	Inc		The name
name must be distinguishable and contain the word "corpora "Company" or "Co." may not be used in the name.		l" or the abbreviation "Corp." o	rnenew or Anc."
B. Enter new principal office address, if applicable:	274 S.	Center St.	- >
(Principal office address MUST BE A STREET ADDRESS		FL 32180	- •
			<u></u> ;
C. Enter now multiper address if and limble.			. :: ::
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A		
			•
			
 If amending the registered agent and/or registered office and registered agent and/or the new registered office and registered office and registered office and registered agent and/or the new registered office and registered offi		enter the name of the	
Name of New Registered Agent:	/ A		
Name of New Registered Agent.	,		
	(FI	orida street address)	
New Registered Office Address:			
		, Florida	
	(City)	(Zip Code)	
New Registered Agent's Signature, if changing Registered I hereby accept the appointment as registered agent. I am fai		the obligations of the position	
тистем, весера те арронатели из тедіметей идеті. Тит за	этаг чин ина ассерг	one ounguions of the position.	
_			
Si	gnature of New Regist	ered 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	nes	
Type of Action (Check One)	Title	<u>Name</u>	Address
1) Change Add		N/A	
Remove		, -	
2) Change Add		N/A	·
Remove 3) Remove Add Remove		N/A	
4) Change Add		N/A	
Remove		1	
5) Change Add		N/A	
Remove		f -	
6) Change Add		N/A	
Remove		_	
E. If amending or addin (attach additional shee		cles, enter change(s) here: (Be specific)	
N/A			
			•

The date of each amendment(s) adoption: $\frac{5/30/2024}{}$. if other than the date this document was signed.
Effective date <u>if applicable</u> : (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.

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 $\frac{5/30/\lambda0\lambda4}{6000000000000000000000000000000000000$
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)