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SECRETARY OF STATE
FALLAHASSEE, FLORID

FILED AND APPROVED

AUG 13.2015

## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPORATION: PRIMERA	IGLE	SIA E	BAUTISTA, INC.
DOCUMENT NUMBER: NO1000058	392		
The enclosed Articles of Amendment and fee are subm	itted for fili	ng.	
Please return all correspondence concerning this matter	to the follo	wing:	
LUZ TORRES			
	Name of Co	ntact Person	)
DONIA A. ROBERTS, P.	A.		
	(Firm/ C	ompany)	
257 SE DR. MLK JR. BL	VD.		
	(Add	lress)	
BELLE GLADE, FLORIDA	A 334	130	
(1	City/ State a	nd Zip Code	•)
luz@doniarobertsp			
E-mail address: (to be used t	for future an	nual report n	otification)
For further information concerning this matter, please co	all:		
Luz Torres, FRP	at (	561	,993-0990
(Name of Contact Person)			de & Daytime Telephone Number)
Enclosed is a check for the following amount made pay-	able to the F	Florida Depa	rtment of State:
■ \$35 Filing Fee ■ \$43.75 Filing Fee & □ Certificate of Status	343.75 Fil Certified C (Additiona enclosed)	Сору	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is Enclosed)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Amenda Division Clifton 2661 Ex	Address ment Section n of Corporations Building xecutive Center Circle ssee, FL 32301

## **Articles of Amendment** to **Articles of Incorporation** of

PRIMERA IGLESIA BAL	JTISTA, INC.					
	ly filed with the Florida Dept. of State)					
N01000005892						
(Doc	ument Number of Corporation (if known)					
Pursuant to the provisions of section 617. amendment(s) to its Articles of Incorporate	1006, Florida Statutes, this <i>Florida Not For Pr</i> ion:	ofit Corpo	ration adopts the	following	ļ	
A. If amending name, enter the new na	me of the corporation:					
				The new	ı	
name must be distinguishable and contain "Company" or "Co." may not be used in	the word "corporation" or "incorporated" or	r the abbre	eviation "Corp." o	or "Inc."		
"Company or "Co. may not be used in	the name.					
B. Enter new principal office address, (Principal office address MUST BE A ST						
(Frincipal office dadress MOST BE AS)						
C. Enter new mailing address, if appli (Mailing address MAY BE A POST of						
Inding day est Mill DE AT 651				•		
	<u></u>					
D. If amending the registered agent an	d/or registered offi <u>ce address in Florida, ent</u>	er the nan	ne of the			
new registered agent and/or the new				IAI Si	7	
Name of New Registered Agent:	HECTOR A. TORRES			L A	A	
	1641 NW 16TH STREET			HAS WIE	- ਹ	[דר
	(Florida street address)			ARY OF STATE ASSEE, FLORID	÷	
New Registered Office Address:				E 0-	PH	6
	BELLE GLADE	Florida	33430 (Zip Code)	LS.	PH 4: 33	
	(City)		(Zip Code)	REE	ဒ္ဌ	
New Registered Agent's Signature, if cl	nanging Registered Agent:			A		
	ered agent. I am familiar with and accept the	obligation	s of the position.			

Hutor B. Farr Signature of New Registered Agent, if changing

Page 1 of 4

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 D           V         Mike J           SV         Sally S	ones	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
Change  Add  Remove	REV	RIGEL ZELAYA	932 NE 21ST ST. S. Belle Glade, Fl.33430
2) X Change Add	DTT	Hector A. Torres	300 NE Avenue I Belle Glade, Fl. 33430
Remove  3 ) Change  X Add	<u>PD</u>	Hector A. Torres	
Add  Remove	<u>s</u>	Erica Alonso	1641 NW 16 Street Belle Glade, FL. 33430
5) Change Add	<u>T</u>	Blanca Morin	1641 NW 16 Street Belle Glade, FL. 33430
Remove 6) Change	<u>VT</u>	Paula Camacho	1641 NW 16th Street Belle Glade, FL. 33430
Remove		Page 2 of 4	

E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific)					
ADD: EVERARDO ORTIZ, as Deacon with an address of 1641 NW 16th					
Street, Belle Glade, Florida 33430.					
<del></del>					

	e date of each amendment(s) adoption: July 27, 2014	, if other than the
	date this document was signed.  Effective date if applicable: July 27, 2014	
	(no more than 90 days after amendment file date)	
Ado	option 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.	
	7/28/2014	
	Signature Heston A- Fares	
	(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)	
	HECTOR TORRES	
	(Typed or printed name of person signing)	
	TRUSTEE	
	(Title of person signing)	