## N0200002418

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## COVER LETTER

**TO:** Amendment Section Division of Corporations NAME OF CORPORATION: E.S. MINISTRIES INC. DOCUMENT NUMBER: N02000002418 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: JHON RODRIGUEZ Name of Contact Person JIREH MULTISERVICES LLC Firm/ Company 3095 S MILITARY TRL STE 4 Address LAKE WORTH, FL 33463 City/ State and Zip Code JIREHMULTI@GMAIL.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: \_\_at ( 561 ) 5749110 Area Code & Daytime Telephone Number JHON RODRIGUEZ Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State:

**Mailing Address** 

**\$35** Filing Fee

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

□\$43.75 Filing Fee &

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Street Address

□\$43.75 Filing Fee &

(Additional copy is

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enclosed)

Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810

□\$52.50 Filing Fee

Certified Copy (Additional Copy

is enclosed)

Certificate of Status

Tallahassee, FL 32303

## Articles of Amendment to Articles of Incorporation of

•	~		1 . 7	. ~ ~			INC.
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(Name of Corporation as currently filed with the Flo	orida Dept. of State)	· · · · · · · · · · · · · · · · · · ·
N02000002418		
(Document	Number of Corporation (if kno	own)
Pursuant to the provisions of section 617.1006, Florida amendment(s) to its Articles of Incorporation:	Statutes, this Florida Not For	Profit Corporation adopts the following
A. If amending name, enter the new name of the co	rporation:	
SIN LIMITES MINISTRIES INC		The ne
name must be distinguishable and contain the word "co" "Company" or "Co." may not be used in the name.	orporation" or "incorporated"	or the abbreviation "Corp." or "Inc.
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADD		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO)	<u></u>	2023
D. If amending the registered agent and/or registered	ed office address in Florida, o	enter the name of the
new registered agent and/or the new registered of	office address:	
Name of New Registered Agent:		
New Registered Office Address:	(Flo	rida street address)
		, Florida
<del></del>	(City)	(Zip Code)
New Registered Agent's Signature, if changing Registereby accept the appointment as registered agent.	stered Agent: am familiar with and accept t	he obligations of the position.
	Signature of New Register	ed 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: XChange X Remove X Add	PT         John I           V         Mike J           SV         Şally S	<u>lones</u>	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change Add	T,D	KARELY CABUS	ROYAL PALM BEACH
<ul> <li>X Remove</li> <li>2) Change</li> <li>Add</li> </ul>	D	KARELY CABUS	FL 33411 102 MIMOSA ST ROYAL PALM BEACH FL 33411
X Remove 3) Change Add Remove	T,D	JOSE L MULERO	102 MIMOSA ST ROYAL PALM BEACH FL 33411
4) Change Add	<u>D</u>	JOSE L MULERO	102 MIMOSA ST ROYAL PALM BEACH FL 33411
Remove  5) Change Add Remove			
6) Change Add			
E. If amending or additional she		ticles, enter change(s) here: (Be specific)	

<del></del>		
		<del></del>
-		
		<del></del>
The date of each amendmen	t(s) adoption:	_, if other than the
date this document was signed	l.	_
Effective date if applicable:	07/15/2020	
	(no more than 90 days after amendment file date)	
Note: If the date inserted in the document's effective date on t	his block does not meet the applicable statutory filing requirements, this date will not be the Department of State's records.	be listed as the
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
The amendment(s) was/w	vere 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 7/10/2020/
Signature  (By the chairman or vice shairman 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)
EDWIN SANTIAGO
(Typed or printed name of person signing)
PRESIDENT .

(Title of person signing)