## NU3000000699

(Requestor's Name)
(Address)
(Address)
,
(City/State/Zip/Phone #)
(Oity/State/Zipir Holle #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



400445994194

02.07/25--01804 -010 \*\*\*1.71

2025 APR -7 AM 8: 11

Fr. F

## **COVER LETTER**

TO: Amendment Section Division of Corporations glesia de Dios tuente Sanadora Inc. DOCUMENT NUMBER: NO 3000 The enclosed Articles of Amendment and fee are submitted for filing Please return all correspondence concerning this matter to the following: For further information concerning this matter, please call: Enclosed is a check for the following amount made payable to the Florida Department of State: \$35 Filing Fee \$43.75 Filing Fee & Certificate of Status \$\f\\$43.75 Filing Fee & □\$52.50 Filing Fee Certified Copy Certificate of Status (Additional copy is Certified Copy

enclosed)

**Mailing Address** 

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

Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

(Additional Copy is Enclosed)

## Articles of Amendment

to
Articles of Incorporation

Talesia de Dios Fuenta	Sanadora Inc.
Name of Corporation as currently filed with the Fl	lorida Dept. of State)
N0300000699	
	t Number of Corporation (if known)
	•
Pursuant to the provisions of section 617.1006. Florida amendment(s) to its Articles of Incorporation:	a Statutes, this Florida Not For Profit Corporation adopts the following
A. If amending name, enter the new name of the co	orporation:
	Monte Horeb Inc. The new
nam <b>o</b> /must be distinguishable and contain the word "c "Company" or "Co." may not be used in the name.	corporation" or "incorporated" or the abbreviation "Corp." or "Inc."
	: 430 Lee Blvd.
B. Enter new principal office address, if applicable (Principal office address MUST BE A STREET ADD	
	Lenigh Acres, FL.
	33936
	N. L.
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	N/R
D. If amending the registered agent and/or register	red office address in Florida, enter the name of the
new registered agent and/or the new registered	
Name of New Registered Agent:	NIA
name of then Registered figen.	
	(Florida street address)
New Registered Office Address:	(100, 100, 100, 100, 100, 100, 100, 100,
	, Florida
_	(City) (Zip Code)
New Registered Agent's Signature, if changing Reg	<u>istered Agent:</u> I am familiar with and accept the obligations of the position.
ractor diatipation approximent as regimered agent.	
	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
	Signature of New 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: <u>X</u> Change <u>X</u> Remove <u>X</u> Add	<u>PT</u> <u>V</u> <u>SV</u>	John Doc Mike Jones Sally Smith	
Type of Action Check One)	<u>Title</u>	<u>Name</u>	Address
Change Add Remove  Change Add  Change Add  Remove  Change Add Remove  Change Add Remove  Change Add Remove  Change Add Remove  Change Add Remove  I Change Add Remove  E Remove  Change Add Remove  Change Add Remove  Change Add Remove	ling additi	onal Articles, enter change(s) here: essary). (Be specific)	
	<u>~//\</u>		
		·	

- NA	·
	1.00
	<del></del>
	<del></del>
	· · · · · · · · · · · · · · · · · · ·
	<del></del>
The date of each amendment(s) adoption: 2 20 20 20 25 date this document was signed.	, if other than the
Effective 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 no document's effective date on the Department of State's records.	t be listed as the
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.

Ц	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 2 26 3025 Signature A 0 Ms
	(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)
	Lydia Camille Torres
	(Typed or printed name of person signing)
	President
	(Title of person signing)