NO40000 10239

| (Requestor's Name) | |
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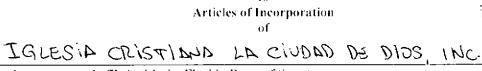
COVER LETTER

TO: Amendment Section Division of Corporations

| NAME OF CORPORATION: _ | IGLES 14 | CRISTIAND F | <u>40050</u> <u>4</u> | De Dios, INC. |
|-------------------------------------|--|-------------------------|-------------------------------|---|
| DOCUMENT NUMBER: | N040000 | 10239 | | |
| The enclosed Articles of Amenda | ent and fee are subr | nitted for filing. | | |
| Please return all correspondence of | oncerning this matte | er to the following: | | |
| - | FRANCISCO | J. SALCEDO | | |
| | | (Name of Contact Pers | on) | |
| IGL | ESÍA CRIST | IMP LA CIU | EQ 040 | Dios, INC. |
| | | (Firm/ Company) | | |
| 3611 T | URTLE RUM | BLUD APT | r 622 | |
| | | (Address) | | |
| 1490) | - SPRINGS, | FL 3306 |) | |
| | | (City/ State and Zip Co | ide) | |
| juie | be@gnail. | Com | | |
| E-mail | address: (to be used | for future annual repoi | rt notification | 1) |
| For further information concerning | g this matter, please | call: | | |
| Fernaso J-S | CP3014 | at | 954 | 909-8652 (Daytime Telephone Number) |
| (Nam | e of Contact Person | (2 | Area Code) | (Daytime Telephone Number) |
| Enclosed is a check for the follow | ing amount made pa | yable to the Florida De | partment of | State: |
| ¾ \$35 Filing Fee □\$4 Co | 3.75 Filing Fee & ertificate of Status | | Certitī Certitī |) Filing Fee leate of Status led Copy tional Copy is sed) |
| Mailing Addre | | | rt Address | |
| Amendment Sec | | | ndment Secti | |
| Division of Corp P.O. Box 6327 | oorations | | sion of Corpo Centre of Ti | |
| Tallahassee, FL | 32314 | | | e Street, Suite 810 |

Tallahassee, FL 32303

Articles of Amendment



(Name of Corporation as currently filed with the Florida Dept. of State)

NO4000010239

(Document Number of Corporation (if known)

| A. If amending name, enter the new name of the corporation | on: |
|--|--|
| | The new |
| name must be distinguishable and contain the word "corporati <u>"Company" or "Co." may not be used in the name,</u> | ion" or "incorporated" or the abbreviation "Corp." or "Inc." |
| B. Enter new principal office address, if applicable: | 3611 TURTLE RUN BLUD APT 622 |
| (Principal office address <u>MUST BE A STREET ADDRESS</u>) | |
| | FLORIDA 33067 |
| C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) | 3611 TURTLE RUN BLUD APT 622 |
| | CORAL SPRINGS |
| | FLORIDA 33067 |
| D. If amending the registered agent and/or registered office new registered agent and/or the new registered office at | |
| Name of New Registered Agent: | FRANCISCO J. SALCEDO |
| | 11 TURTLE RUN BLUD APT 622 |
| New Registered Office Address: | (Florida street address) |
| CORP | SPRINGS Florida 33067 (Zip Code) |
| | (City) (Zip Code) |
| New Registered Agent's Signature, if changing Registered A lereby accept the appointment as registered agent. I am fan | |
| | Sululo |
| Sig | gnature 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: X Change X Remove A Add | PT John Do V Mike Jo SV Sally So | <u>ones</u> | |
|---|--|---|---------|
| Type of Action (Check One) | <u>Title</u> | Name | Address |
| 1) Change Add | | | |
| Remove | | | |
| 2) Change Add | | | |
| Remove | | | |
| 4) Change Add | | | |
| Remove | | | |
| 51 Change Add | | <u> </u> | |
| Remove | | | |
| 6) Change Add | | | |
| Remove | | | |
| E. <u>If amending or addir</u> (attach additional shee | | icles, enter change(s) here: (Be specific) | |
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| date this document was signed. | on: | _, it other than the |
| Effective date if applicable: | (no more than 40 days after amendment file date) | |
| | tno more than 90 days after amendment file date) | |
| <u>Note:</u> If the date inserted in this block de document's effective date on the Department | oes not meet the applicable statutory filing requirements, this date will not linent of State's records. | be listed as the |
| Adoption of Amendment(s) | (<u>CHECK ONE</u>) | |
| The amendment(s) was/were adopte was/were sufficient for approval. | d by the members and the number of votes east for the amendment(s) | |

| Dated | |
|-----------|--|
| Signature | |
| | of the board, president or other officer-if directors or prorator – if in the hands of a receiver, trustee, or that fiduciary) |
| FRANCISC | COZDJ42. C |
| (Typed | or printed name of person signing) |

(Title of person signing)