N05000007537

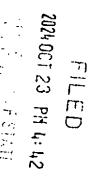
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: IGLESIA DE DI	OS MINISTERIALDE JESUCRISTO, INC.
NO5000007537	
DOCUMENT NUMBER: N05000007537	
The enclosed Articles of Amendment and fee are s	submitted for tiling.
Please return all correspondence concerning this n	natter to the following:
JENNY ARISTIZABAL	
	(Name of Contact Person)
IDMJI	
	(Firm/ Company)
2475 GLADES CIRCLE	
	(Address)
WESTON FLORIDA 33327	
	(City/ State and Zip Code)
ACCOUNTING@IDMJIUSA.COM	
E-mail address: (to be t	used for future annual report notification)
For further information concerning this matter, ple	rase call;
JENNY ARISTIZABAL	at 954 217-0712 X1105
(Name of Contact Per	son) (Area Code) (Daytime Telephone Number)
Enclosed is a check for the following amount mad	e payable to the Florida Department of State:
■ \$35 Filing Fee □\$43.75 Filing Fee Certificate of State	
Malling Address	Stroot Address

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

Articles of Amendment to Articles of Incorporation

of

FILED

IGLESIA DE DIOS MINISTERIAL DE JESUCR	RISTO, INC.	2024 001 22 044
Name of Corporation as currently filed with the	e Florida Dept. of State)	· · · · · · · · · · · · · · · · · · ·
N05000007537		2024 OCT 23 PM 4: 42
(Docum	nent Number of Corporation (if known)	01/01/1
Pursuant to the provisions of section 617.1006. Floomendment(s) to its Articles of Incorporation: A. If amending name, enter the new name of the		Corporation adopts the following
- Transcrang name, enter the new name of the	e corporations	The new
name must be distinguishable and contain the word "Company" or "Co." may not be used in the nam B. Enter new principal office address, if applica (Principal office address MUST BE A STREET A	<u>e.</u> 1ble:	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)		
 If amending the registered agent and/or reginew registered agent and/or the new register 		ne name of the
Name of New Registered Agent:	JOSE MARTIN GALLARDO	
	2475 GLADES CIRCLE	
New Registered Office Address	(Florida stree	et address)
	WESTON	, Florida <u>33327</u>
	(City)	(Zip Code)
New Registered Agent's Signature, if changing hereby accept the appointment as registered agential accept the appointment as registered agential.	Registered Agent: nt. I am familiar with and accept the oblight. Signature of New Registered Age	

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 S	<u>ones</u>	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change Add	SD	SHIRLEY RUIZ	2475 GLADES CIRCLE WESTON, FLORIDA 33327
x Remove			
2) Change Add	D	JOSE MARTIN GALLARDO	2475 GLADES CIRLCE WESTON, FL 33327
Remove	<u>s</u>	SARA BAENA	2475 GLADES CIRCLE WESTON FL 33327
4) Change Add			
Remove			
5) Change Add			
Remove			
6) Change Add			
Remove			
E. If amending or additional sheet		icles, enter change(s) here: (Be specific)	

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	ermmeration	D 1 2024		
The date of each amendment(s) date this document was signed.	adoption: SEPTEMBE	K F, 2024	<u> </u>	, if other than th
	EPTEMBER 1, 2024			
Effective date <u>if applicable</u> : SI		0 days after amendme	nt file date)	
Note: If the date inserted in this bedocument's effective date on the	plock does not meet the a	pplicable statutory fili		nis date will not be listed as the

■ The amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s) was/were sufficient for approval.

(CHECK ONE)

Adoption of Amendment(s)

_	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 10/17/2024
	Signature (By the chairman of 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)
	PERLA MORENO
	(Typed or printed name of person signing)
	VICE PRESIDENT
	(Title of person signing)