## N0800007191

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JUN 23 2017 S. YOUNG

## COVER LETTER

TO: Amendment Section Division of Corporations	
<b>:</b>	
NAME OF CORPORATION:	Para Su Gioria, Inc.
DOCUMENT NUMBER:	
The enclosed Articles of Amendment and fee are sub-	omitted for filing.
Please return all correspondence concerning this matt	ter to the following:
Mayra D. Donate	
	(Name of Contact Person)
Iglesia Destinados Para Su Gloria, Inc.	
	(Firm/ Company)
10652 Lucaya Dr	
	(Address)
Tampa, FL 33647	
	(City/ State and Zip Code)
mayradonate/a yahoo.com	
	d for future annual report notification)
For further information concerning this matter, please	e call:
Luis E. Massas	(813) 486-4165
(Name of Contact Perso	(Area Code) (Daytime Telephone Number)
Enclosed is a check for the following amount made p	payable to the Florida Department of State:
☐ \$35 Filing Fee ☐ \$43.75 Filing Fee & Certificate of Status	☐ \$43.75 Filing Fee & ☐ \$52.50 Filing Fee Certified Copy Certificate of Status (Additional copy is enclosed) (Additional Copy is Enclosed)
Mailing Address  Amendment Section  Division of Corporations  P.O. Box 6327  Fallahassee, F1, 32314	Street Address Amendment Section Division of Corporations Clirton Building 2661 Executive Center Circle

Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of

Iglesia Destinados Para Su Gloria, Inc. (Name of Corporation as currently filed with the Florida Dept. of State) N0S000007191 (Document Number of Corporation (if known) Pursuant to the provisions of section 617,1006, Florida Statutes, this Florida Not For Profit Corporation adopts the following amendment(s) to its Articles of Incorporation: A. If amending name, enter the new name of the corporation: name must be distinguishable and contain the word "corporation" or "incorporated" or the abbreviation "Corp" or "Inc" "Company" or "Co," may not be used in the name B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS ) C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address: Name of New Registered Agent: (Horida street address) New Registered Office Address: \_, Florida \_\_\_ (Zip Code) (City) New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent—I am familiar with and accept the obligations of the position 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: X Change X Remove X Add	<u>V</u> <u>Mi</u>	nn Doe ke Jones lly Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	S	Jennie Sammur	18508 Country Crest Pl
Add			Tampa, FL 33647
X Remove			
21 Change	S	Maria Diaz	Urbanizacion Miramelinda Estate
X Add	<del></del>		Calle Ruisenor # 216
Remove			Rio Grande PR 00745
3) Change	s	Joed Diaz	Urbanizacion Miramelinda Estate
X Add			Calle Ruisenor # 216
Remove			Rio Grande PR 00745
4) Change			
Add			
Remove			
5/ Change			
Add			
Remove			
6) Change			
Add			
Remove			

If amending or adding additional attach additional sheets, if necessar	v) – (Be specij	jic)				
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he date of each amendment(s) adopt	tion:, if other than the
ate this document was signed.	
ffective date <u>if applicable</u> :	
	(no more than 90 days after amendment file date)
iote: If the date inserted in this block ocument's effective date on the Depar	does not meet the applicable statutory filing requirements, this date will not be listed as the timent of State's records.
doption of Amendment(s)	( <u>CHECK ONE</u> )
☐ The amendment(s) was/were adop was/were sufficient for approval.	ted by the members and the number of votes east for the amendment(s)
There are no members or members adopted by the board of directors.	s entitled to vote on the amendment(s). The amendment(s) was/were
June 9, 2017 Dated	
Signature Hayn	a D. Doncete
(By the chaifing have not been	in or vice chairman of the board, president or other officer-if directors selected, by an incorporator – if in the hands of a receiver, trustee, or pointed fiduciary by that fiduciary)
Mayra D D	onate
	(Typed or printed name of person signing)
Pre	sident
	(Title of person signing)