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SECRETARY OF STATE

## **COVER LETTER**

Division of Corporations
NAME OF CORPORATION: Jubilo Church Orlando, IUC.
•
DOCUMENT NUMBER:
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Felix Luis De Jesus, Jr.
(Name of Contact Person)
Jubilo Church Orlando, INC.
(Firm/ Company)
1461 Cedar Late Dr.
(Address)
Orlando, Florida 32824 (City/State and Zip Code)
(City/ State and Zip Code)
Luis Desesusooza qual-com
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
telix Devesus 1321 746-7459
(Name of Contact Person) (Area Code) (Daytime Telephone Number)
Enclosed is a check for the following amount made payable to the Florida Department of State:
\$35 Filing Fee Certificate of Status Certified Copy (Additional copy is enclosed)  \$43.75 Filing Fee & Certified Copy (Additional Copy is Enclosed)  \$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is Enclosed)
74 W 175

**Mailing Address** 

TO: Amendment Section

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

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## **Articles of Amendment**

to les of Incorporation

	cies of Incorporation	
Jubilo churi	ch Erland, Inc.	
(Name of Corporation as curr	rently filed with the Florida Dept. of State)	
NO9.00	0003647	
(Document Nur	mber of Corporation (if known)	
Pursuant to the provisions of section 617.1006, Florida State amendment(s) to its Articles of Incorporation:	tutes, this Florida Not For Profit Corporation adopts the following	
A. If amending name, enter the new name of the corpor	ando A.D. INC. I The new	
name must be distinguishable and contain the word "corpo "Company" or "Co," may not be used in the name.	oration" or "incorporated" or the abbreviation "Corp." or "Inc."	
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRES</u>	1461 Cedar Late Dr.  Schools Fl. 32824	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	01111100 1101 3000 1	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	T HAY 2	<u> </u>
	SSEE PH	
D. If amending the registered agent and/or registered of new registered agent and/or the new registered officer		
Name of New Registered Agent:		
New Registered Office Address:	(Florida street address)	
	, Florida	
	(City) (Zip Code)	
New Registered Agent's Signature, if changing Registery	ed Agent:	
I hereby accept the appointment as registered agent. I am		

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	PT John Doe  V Mike Jones SV Sally Smith	
Type of Action (Check One)	<u>Title</u> <u>Name</u>	<u>Address</u> s
1)ChangeAddRemove	S Uriel Hernandez	3244 LORIMAR LANG 57. Cloud, FL 34772
2)ChangeAddRemove	S Glori mar Qquendo	13248 Glacier National Dr. Apr. 5308 Orlando, PL-32837
3 ) Change Add Remove		
4) Change Add Remove		
5) Change Add Remove		
6) Change Add Remove		

E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific)				
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The date of each amendment(s) adoption: 5/19/2017	_, if other than the
date this document was signed.	
Effective date if applicable: 5/19/2017	
(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 not document's effective date on the Department of State's records.	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.	
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	
Signature  (By the 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)	
Felix Wis De Jesus, Jr.	
(Typed or printed name of person signing)	
President	
(Title of person signing)	