N1400000273/

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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FLORIDA DEPARTMENT OF STATE Division of Corporations

April 26, 2017

BEATRIZ MONTOYA JESUS PODER Y GLORIA INC 11225 SW 189 LN MIAMI, FL 33157

SUBJECT: JESUS PODER Y GLORIA INC. Ref. Number: N14000002731

We have received your document and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

PLEASE USE THE NON PROFIT AMENDMENT FORM ATTACHED TO MAKE NECESSARY CHANGES TO YOUR CORPORATION.

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

attached documents hange of addiess. for

Susan Tallent Regulatory Specialist II

Letter Number: 917A00008167

www.sunbiz.org



FLORIDA DEPARTMENT OF STATE Division of Corporations

March 31, 2017

BEATRIZ MONTOYA 671 W 50 PL HIALEAH, FL 33012

SUBJECT: JESUS PODER Y GLORIA INC.

Ref. Number: N14000002731

We have received your document and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

Our records indicate the current name of the entity is as it appears on the enclosed computer printout. Please correct the name throughout the document.

We are enclosing a computer printout which reflects the registered agent and registered office now on file with this office. Please amend your document accordingly.

The capacity of the person signing the document must be typed or printed beneath or opposite the signature.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Susan Tallent Regulatory Specialist II

Letter Number: 617A00006237

COVER LETTER

TO: 'Amendment Section Division of Corporations

NAME OF CORPORATION: Jesu	15 Poder y Gloria Inc
	0002731
	
The enclosed Articles of Amendment and fee are	submitted for filing.
Please return all correspondence concerning this	natter to the following:
BlaTRIZ Hor	Toya
	(Name of Contact Person)
MEL ACC	ounting Services Inc
	•
16969	NW67aul
	(Address)
Suite 20	08 Healeah, 7 33015 (City/ State and Zip Code)
	(City/ State and Zip Code)
E-mail address: (to be	used for future annual report notification)
For further information concerning this matter, pl	ease call:
Beaterzille	rson) at 305 335 6678 (Area Code) (Daytime Telephone Number)
(Name of Contact Pe	rson) / (Area Code) (Daytime Telephone Number)
Enclosed is a check for the following amount made	de payable to the Florida Department of State:
□ \$35 Filing Fee □\$43.75 Filing Fe Certificate of Sta	e & \$\Bigcup \\$43.75 \text{ Filing Fee & }\Bigcup \\$52.50 \text{ Filing Fee }\\ (Additional copy is enclosed) \$\Bigcup (Additional Copy is \\ Enclosed)\$\$ \Bigcup \Bigcup \\$52.50 \text{ Filing Fee }\\ Certificate of Status \\ Certified Copy \\ (Additional Copy is \\ Enclosed)\$\$
Mailing Address Amendment Section	Street Address Amendment Section
2 miletiament Section	remember seems

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Articles of Amendment

Artic	les of Incorporati _ of	on .		
Tokus	2-100	V (Inpic.	land	
(Name of Corporation as curre	ently filed with th	e Florida Dept. of State)	Price.	
	00027			
	ber of Corporatio		·	
Pursuant to the provisions of section 617.1006, Florida Statuamendment(s) to its Articles of Incorporation:	ates, this <i>Florida I</i>	Not For Profit Corporation adop	is the following	
A. If amending name, enter the new name of the corpora	ation:			
			The new	
name must be distinguishable and contain the word "corpor "Company" or "Co." may not be used in the name.	ration" or "incorp	orated" or the abbreviation "Co	rp." or "Inc."	
B. Enter new principal office address, if applicable:	1226	5 SW 189LL	<i>)</i>	
(Principal office address <u>MUST BE A STREET ADDRESS</u>	LIA.	5 5W 189LL mi, 7L 3E	3157	
C. Enter new mailing address, if applicable:				•
(Mailing address MAY BE A POST OFFICE BOX)	· · · · · · · · · · · · · · · · · · ·			<u> </u>
			<u>- 83,</u> €	
			<u> </u>	
D. If amending the registered agent and/or registered of	fice address in Fl	orida, enter the name of the		1
new registered agent and/or the new registered office		Original Property of the Control of	# 2	<i>!</i>
Name of New Registered Agent:			-	
		(Florida street address)		
New Registered Office Address:				
	(C1)	, Florida		
	(City)	(Zip Cod	<i>?)</i>	
New Registered Agent's Signature, if changing Registere I hereby accept the appointment as registered agent. I am j		accept the obligations of the posi-	ion.	
	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>PT</u> <u>V</u> <u>SV</u>	John Doe Mike Jones Sally Smith	
Type of Action (Check One)	Title	Name	<u>Addreş</u> s
1) Change			
Add			
Remove			
2) Change		, , , , , , , , , , , , , , , , , , ,	
Add		-	
Remove			•
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change		<u> </u>	
Add			
Remove			
6) Change			,
Add			
Remove			

If amending or adding (attach additional sheets	, if necessary). (B	e specific)	(
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The date of each amendment(s) ad	option:	, if other than the
date this document was signed.		
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this block document's effective date on the Dep	ck does not meet the applicable statutory filing requirements, partment of State's records.	his date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/were ad was/were sufficient for approva	opted by the members and the number of votes east for the an	nendment(s)
There are no members or membadopted by the board of directo	ers entitled to vote on the amendment(s). The amendment(s) rs.	was/were
Dated	5-15-17	
Signature	(SHD)	,
have not bee	vice chairman of the board, president or other officering selected, by an incorporator – if in the hands of a receiver, to ppointed fiduciary by that fiduciary)	
	Beatriz Hontoga	
	(Typed or printed name of person signing)	
	Steretory (Vitle of person signing)	·
	(Xitle of person signing)	