N15000004933

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COVER LETTER

TO: Amendment Section Division of Corporations

THE BLUE LINE ANGELS NAME OF CORPORATION:	INC.
N15000004933 DOCUMENT NUMBER:	
The enclosed Articles of Amendment and fee are submitted for	or filing.
Please return all correspondence concerning this matter to the	following:
CARLA GINEBRA DE GARCIA	
(Name	of Contact Person)
THE BLUE LINE ANGELS, INC	
(Fi	rm/ Company)
20425 SW 319TH ST	
	(Address)
HOMESTEAD, FL 33030	
(City/ S	tate and Zip Code)
The Blue Line Angels Church	nny@ Chamizotax. com.
E-mail address: (to be used for futi	ire annual report notification)
For further information concerning this matter, please call:	
CARLA GINEBRA DE GARCIA	305 281-0760
(Name of Contact Person)	atat(Area Code) (Daytime Telephone Number)
Enclosed is a check for the following amount made payable to	the Florida Department of State:
(Add	25 Filing Fee & S52.50 Filing Fee fied Copy Certificate of Status itional copy is Certified Copy osed) (Additional Copy is Enclosed)

Mailing Address

Amendment Section Division of Corporations P.O. Box 6327

Street Address

Amendment Section
Division of Corporations
The Centre of Tallahassee

Articles of Amendment Articles of Incorporation

THE BLUE LINE ANGELS INC.			
(Name of Corporation as currently filed with the Flo	orida Dept. of State)		
N15000004933			
(Document	Number of Corporation (if	known)	
Pursuant to the provisions of section 617.1006, Florida amendment(s) to its Articles of Incorporation:	Statutes, this Florida Not I	For Profit Corporation ado	pts the following
A. If amending name, enter the new name of the co	rporation:		
The Blue Line Angels Church Inc.			The new
name must be distinguishable and contain the word "co "Company" or "Co." may not be used in the name.	orporation" or "incorporat	ed" or the abbreviation "C	
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADD			2 H 2
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO)	Σ)		M 9: 45
D. If amending the registered agent and/or registered new registered agent and/or the new registered of		a, enter the name of the	
Name of New Registered Agent:		<u> </u>	
<u>New Registered Office Address</u> :		Florida street address)	
_		, Florida _	
	(City)	(Zip Co	de)

and address of each Off (Attach additional sheets, Please note the officer/did P = President; V= Vice F	icer and/or Direct if necessary) rector title by the j President: T= Trect = Chief Financial	first letter of the office title: tsurer: S= Secretary: D= Director; TR= Trus Officer. If an officer/director holds more than	stee: C = Chairman or Clerk: CEO = Chief
	ves the corporatio	nanner. Currently John Doe is listed as the P. n. Sally Smith is named the V and S. These sh SV as an Add.	
Example: X Change X Remove X Add	PT John De V Mike Jo SV Sally St	ones	
Type of Action (Check One)	Title	Name	Address
1) Change Add			
Remove 2) Change Add			22
Remove 3) Change Add Remove			T SSEE
4) Change Add			9: 15
Remove 5) Change Add			
Remove 6) Change Add			
E. If amending or addin (attach additional sheet		cles, enter change(s) here: (Be specific)	

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The date of each amendment(s) adoption	0J-4J-44 :				, if other than the
date this document was signed.					
Effective date <u>if applicable</u> :	no more than 90 day		24 1 1		
(no more than 90 day	vs after amenament _,	file date)		

Adoption of Amendment(s) (CHECK ONE)

or vice chairman of the board, presidenced, by an incorporator – if in the binted fiduciary by that fiduciary)	
IEBRA DE GARCIA	
(Typed or printed name of	person signing)
Minde Cinella 1	o Cruica)
	Ciala Ginebra L (Title of person

FILED

2022 JUN 21 AM 9:
TALLAHASSEE, FLE