N16000004261

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

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R. WHITE
JUN 15 20

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: LEaDerShiP JeSuS NaMe UNiVerSiTy MiNiSTerioGuerrerOs de Cristo, INC
(Name of Foreign Not For Profit Corporation)

Dear Sir or Madam:

The enclosed Foreign Name Registration Renewal and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

MANUel O. Báez
(Name of Person)

M — O. B —
(Firm/Company)

6035 KeNTuCKy AVeNUe
(Address)

NeWPort RiCKey, FL. 34653
(City/State and Zip Code)

For further information concerning this matter, please call:

MANUel Omer Báez at (727) 776-6482
(Name of Person) (Area Code & Daytime Telephone Number)

Mailing Address:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Enclosed is a check for the following amount:
☑ $87.50 Filing Fee ☐ $96.25 Filing Fee & Certified Copy

FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 27, 2020

MANUEL BAEZ
6035 KENTUCKY AVE
NEWPORT RICHHEY, FL 34653

SUBJECT: LEADERSHIP JESUS NAME UNIVERSITY MINISTERIO GUERREROS DE CRISTO, INC
Ref. Number: N16000004861

We have received your document for LEADERSHIP JESUS NAME UNIVERSITY MINISTERIO GUERREROS DE CRISTO, INC and your check(s) totaling $87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please check the appropriate box on the amendment form regarding the adoption of the amendment(s).

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.

Rebekah White
Regulatory Specialist II Supervisor

Letter Number: 520A00010519

[redacted]

FLORIDA DEPARTMENT OF STATE
Division of Corporations

2020 [illegible] 26 PM 2:25

April 22, 2020

MANUEL BAEZ
6035 KENTUCKY AVE
NEWPORT RICHHEY, FL 34653

SUBJECT: LEADERSHIP JESUS NAME UNIVERSITY MINISTERIO GUERREROS DE CRISTO, INC
Ref. Number: N16000004861

We have received your document for LEADERSHIP JESUS NAME UNIVERSITY MINISTERIO GUERREROS DE CRISTO, INC and your check(s) totaling $87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a FOREIGN CORPORATION, but your entity is a FLORIDA CORPORATION. Please complete and return the enclosed blank form(s).

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.

Catherine M Wood
Regulatory Specialist II

Letter Number: 220A00008433

Articles of Amendment
to
Articles of Incorporation
of

LEADERSHIP Jesus Name University Ministerio Guerreros De Cri

(Name of Corporation as currently filed with the Florida Dept. of State)

N16000004861

(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:**

_____ *The new 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: _____

_____
(Florida street address)

New Registered Office Address:

_____, Florida _____
(City) *(Zip Code)*

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	PT	John Doe
X Remove	V	Mike Jones
X Add	SV	Sally Smith

Type of Action (Check One)	Title	Name	Address
1) ____ Change	_____	_____	_____
____ Add			_____
____ Remove			_____
2) ____ Change	_____	_____	_____
____ Add			_____
____ Remove			_____
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)

OUR University Preach the WORD OF GOD OFFER PREPARATION OF CHAPLAINCY, CHRISTIAN BIBLE COUNSELING EVANGELISM, CHRISTIAN LEADERSHIP THEOLOGY MISIONARY, THERAPIST ALCOHOL DRUGS & MENTHAL HEALTH BIBLE SCHOOL

TEACHER CHRISTIAN BAPTISM CLASS DISCIPLESHIP CLASS ORDINATION OF CHRISTIAN MINISTER CHRISTIAN YOUNG MINISTRY OUR UNIVERSITY CERTIFIED UNDER OUR OBTAINED Certifications AND OFFER A DIPLOMA IN DIFFERENT MODULE AT THE LEVEL OF ASSOCIATE BACHELOR MASTER AND DOCTOR DEGREE, RECOGNIZE BY OUR UNIVERSITY (ONLINE CURSE, REGULAR MAILING CURS AND PHYSICAL ON REGULAR CLASS ROOM) THE UNIVERSITY RESPOND OUR COMMUNITY SERVICE FEED THE HUNGRY, VISIT THE INMATE IN PRISL VISIT HOSPITAL AND BRING COUNSELING SERVICE ONLY BY APPOINMENT.

The date of each amendment(s) adoption: _____, if other than the date this document was signed.

Effective date if applicable: MAY 21 2020

(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 be listed as the document's effective date on the Department of State's records.

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 MAY 21, 2020

Signature _____

(By the chairman or 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)

Dr. MANUEL OMAR BAEZ

(Typed or printed name of person signing)

PASTOR

(Title of person signing)