N170000 8281

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SECRETARY OF SALE TALLAHASSEE FI

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C. Kinsk

COVER LETTER

TO: Amendment Section

Division of Corporations

Iglesia Familiae Inc. N 1700 000 8287 NAME OF CORPORATION: DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Marchael Bolliquez
(Name of Contact Person) (Firm/ Company) 1500 Presidential Way #103

(Address)

West Palm Beach FL 33401

(City/ State and Zip Code) E-mail address: (to be used for future annual report polification) For further information concerning this matter, please call: Enclosed is a check for the following amount made payable to the Florida Department of State: **5**\$35 Filing Fee □\$43.75 Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is Enclosed) Mailing Address Street Address Amendment Section Amendment Section Division of Corporations Division of Corporations P.O. Box 6327 Clifton Building Tallahassee, FL 32314 2661 Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment

Articles of Incorporation

Igleria Familiar Inc
(Name of Corporation as currently filed with the Florida Dept. of State)
N1700 000 8787
(Document Number of Corporation (if known)
Pursuant to the provisions of section 617.1006, Florida Statutes, this <i>Florida Not For Profit Corporation</i> 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: Machel Kamille Heers ander
Name of New Registered Agent: Rachel Ramicez Heerandeez 5888 Puldy LN
(Florida street address)
Many Demission of OVE and III.
West Palm Beach, Florida 33415
(City) (Zip Code)
(City) (Zip Code)
New Registered Agent's Signature, if changing Registered Agent:
hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.
× HAMD co ~
Signature of New Registered Agent, if changing

Page 1 of 4

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 <math>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: XChange X Remove X Add	PT John I V Mike SV Sally	Jones .	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change	D/UP	CZUZ, MORICAME	dia 1500 Peesidential of 103 ulest Palm Death, TL 3.
Add			# 103
Remove			West Palm Death, TL3.
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) Remove-Dyr (articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific)							
	Add -	- D/VP-	Rachel	Barnikez	Hernandez		
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	e this document was signed.	_, if other than
Eff	ective date if applicable:	
	(no more than 90 days after amendment file date)	
Not doc	te: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be tument's effective date on the Department of State's records.	e listed as the
Ado	option 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 5/24/19	
	Signature 🗡	PM
	(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)	,
	X Muccilet Rangeue = (Typed or printed name of person signing)	
	(Typed or printed name of person signing)	
	Director / President / Partor	
	(Title of person signing)	

than the