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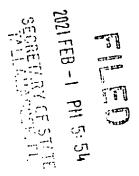
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(Business Entity Name)	
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3/19/21

COVER LETTER

TO: Amendment Section Division of Corporations	Assemblies of Co
NAME OF CORPORATION: Iglesia Promesa	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
DOCUMENT NUMBER: N1900000650	•
The enclosed Articles of Amendment and fee are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
Nathaniel Bentley (Name of Contact	Person)
(Firm/ Compa	any)
P.O. Box 14390	
(Address)	
Jacksonville, Fl. 322 (City/ State and Zi	38
(City/ State and Zi	ip Code)
E-mail address:) to be used for hume annual	report notification)
For further information concerning this matter, please call:	
Nathaniel Bentley (Name of Contact Person)	at (904) (955 - 8867) (Area Code) (Daytime Telephone Number)
Enclosed is a check for the following amount made payable to the Florid	
☐ \$35 Filing Fee	Certificate of Status
	Street Address Amendment Section
Division of Corporations	Division of Corporations
P.O. Box 6327	The Centre of Tallahassee

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation

FILED

Iglesia tromesas de Esperanza	Assemblies	Gerclefister (MF2: 21
(Name of Corporation as currently filed with the Florida Dept. o	f State)	SECRETARY OF STATE
N19000000 650		SECRETARY OF STATE TALLAHASSEF, FL
(Document Number of C	orporation (if known)	_
Pursuant to the provisions of section 617.1006, Florida Statutes, this amendment(s) to its Articles of Incorporation:	Florida Not For Profit C	Corporation adopts the following
A. If amending name, enter the new name of the corporation:		
Promesas de Esperanza name must be distinguishable and contain the word "corporation" o "Company" or "Co." may not be used in the name.	Assembles or the control or the cont	of God hc. The new abbreviation "Corp." or "Inc."
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>)		<u> </u>
C. Enter new mailing address, if applicable:		
(Mailing address <u>MAY BE A POST OFFICE BOX</u>)		
D. If amending the registered agent and/or registered office add new registered agent and/or the new registered office address	ress in Florida, enter the	e name of the
Name of New Registered Agent:	···	
New Registered Office Address:	(Florida street	address)
		Florida
(Cit	り	(Zip Code)
New Registered Agent's Signature, if changing Registered Agent I hereby accept the appointment as registered agent. I am familiar v		ations 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 X Remove A Add	PT John E V Mike J SV Sally S	<u>lones</u>	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	Treesurer	Jeunne He Romain	7898 Knoll Dr. N Sacksonville, Fl 32221
Remove 2)	As <u>al-Tre</u> asure	er Sue Elen Hernindez - Perèz	8151 Hewith St. Jacksonville, Fl. 32244
Remove Change Add Remove			
4) Change Add			
Remove			-
5) Change Add			
Remove			
6) Change Add			
Remove			<u> </u>
	dding additional Ar sheets, if necessary).	ticles, enter change(s) here: (Be specific)	

1		
		· · · ·
The date of each amendment(s) adoption: date this document was signed.		, if other than the
Effective date if applicable:	<u></u>	
(n	o more than 90 days after amendment file date)	
Note: If the date inserted in this block does document's effective date on the Department	not meet the applicable statutory filing requirements, this date will not of State's records.	be listed as the
Adoption of Amendment(s)	CHECK ONE)	
The amendment(s) was/were adopted by was/were sufficient for approval.	y the members and the number of votes cast for the amendment(s)	

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 1/18/21
Signature Mioriety (sis
(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)
Miosoty Rios (Typed or printed name of person signing)
President
(Title of person signing)

. . . .