

N19 000000 1393

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

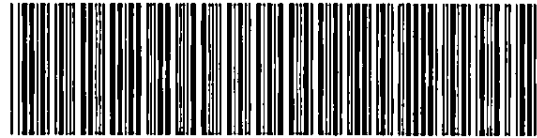
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



800336446518

11/07/19--01014--006 \*\*35.00

FILED

19 DEC 19 AM 11:14

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DEC 20 2019

T SCHROEDER

COVER LETTER

TO: Amendment Section  
Division of Corporations

NAME OF CORPORATION: Iglesia APJS, Corp.

DOCUMENT NUMBER: N 19006001393

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Mary Ann Martinez  
(Name of Contact Person)

4321 Silver Falls Dr | Iglesia APJS  
(Firm/ Company)

4321 Silver Falls Dr  
(Address)

Land O Lakes Florida, 34639  
(City/ State and Zip Code)

IglesiaAPJS@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Mary Ann Martinez at 813 532-0043  
(Name of Contact Person) (Area Code) (Daytime Telephone Number)

Enclosed is a check for the following amount made payable to the Florida Department of State:

- |  |  |   |  |
|--|--|---|--|
| <input type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certified Copy<br>(Additional copy is<br>enclosed) | <input type="checkbox"/> \$52.50 Filing Fee<br>Certificate of Status<br>Certified Copy<br>(Additional Copy is<br>Enclosed) |
|--|--|---|--|

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

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

Articles of Amendment  
to  
Articles of Incorporation  
of

Iglesia APJS, Corp.

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

N 19000001393

(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)

4321 Silver Falls Dr  
Land O Lakes FL 34639

C. Enter new mailing address, if applicable:  
(Mailing address MAY BE A POST OFFICE BOX)

P.O. Box 2731  
Land O Lakes FL 34639

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:

Gabriel Gonzalez

4321 Silver Falls Dr

(Florida street address)

New Registered Office Address:

Land O Lakes

(City)

Florida 34639

(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:

<input checked="" type="checkbox"/> Change	<u>PT</u>	<u>John Doe</u>
<input checked="" type="checkbox"/> Remove	<u>V</u>	<u>Mike Jones</u>
<input checked="" type="checkbox"/> Add	<u>SV</u>	<u>Sally Smith</u>

Type of Action (Check One)	Title	Name	Address
1) <input type="checkbox"/> Change <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove	<u>D</u>	<u>Suehly Nawes Oneill</u>	<u>Po. Sonadora Sector Vinga</u> <u>Carr 835 Casa 146A</u> <u>Guaynabo, P.R. 00971</u>
2) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>P</u>	<u>Gabriel Gonzalez</u>	<u>4321 Silver Falls Dr</u> <u>Land O Lakes FL 34639</u>
3) <input type="checkbox"/> Change <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove	<u>P</u>	<u>Rita Arias Crisostomo</u>	<u>22924 Chesterview</u> <u>Loop #102, Land O Lakes</u> <u>FL 34639</u>
4) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>S</u>	<u>Jairys Nazario</u>	<u>1715 Bearberry Circle</u> <u>Apt. 302 Lutz FL 33559</u>
5) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove			
6) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove			

Page 2 of 4

F. If amending or adding additional Articles, enter change(s) here:

(attach additional sheets, if necessary). (Be specific)

---

---

---

---

---

---

---

---

FILED  
19 DEC 19 AM 11:14  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

☐ 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 12/13/19

Signature

*[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)

Mary Ann Martinez

(Typed or printed name of person signing)

VP

(Title of person signing)

FILED

19 DEC 19 AM 11:14

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

