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COVER LETTER

TO: Amendment Section Division of Corporations

Tallahassee, FL 32314

NAME OF CORPORATION:	GELICA JESUS SAL	VA "K'ANJOB	AL" C.A. INC
DOCUMENT NUMBER:			
The enclosed Articles of Amendment and fee are	submitted for filing.		
Please return all correspondence concerning this n	natter to the following		
JUAN JUAN-MARTIN			
	(Name of Contact	Person)	-
IGLESIA RESTAURACION JESUS SALVA IN	c		
	(Firm/ Compa	iny)	
15065 SW TIGER TAIL COURT			
	(Address)		
INDIANTOWN, FL 34956			
	(City/ State and Z.	p Code)	
E-mail address: (to be o	used for fliture annual	report notification	on)
For further information concerning this matter, ple	ease call:		
JUAN JUAN-MARTIN		772 at	475-44-17
(Name of Contact Per	son)	(Area Code)	(Daytime Telephone Number)
Enclosed is a check for the following amount mad	e payable to the Florid	a Department o	f State:
☐ \$35 Filing Fee		Certi y is Certi (Add	50 Filing Fee ficate of Status fied Copy itional Copy is losed)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327		Street Address Amendment Sec Division of Corp The Centre of	orations

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

IGLESIA EVENGELICA JESUS SALVA "K'ANJOBAL"	C.A. INC	
(Name of Corporation as currently filed with the Florida	Dept, of State)	
N20000000401		
(Document Num	iber of Corporation (if kno	wn)
Pursuant to the provisions of section 617,1006, Florida Statu amendment(s) to its Articles of Incorporation:	ates, this Florida Not For	Profit Corporation adopts the following
A. If amending name, enter the new name of the corpora	ation:	
IGLESIA RESTAURACION JESUS SALVA INC		The new
name must he distinguishable and contain the word "corpor "Company" or "Co." may not be used in the name.	ration" or "incorporated"	or the abbreviation "Corp," or "Inc."
B. Enter new principal office address, if applicable:	15334 SW OSCEOLA	ST
(Principal office address <u>MUST BE A STREET ADDRES.</u>	S) INDIANTOWN FL 34	956
C. Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)	15065 SW TIGER TA	II. COURT
	INDIANTOWN FL 349	956
D. If amending the registered agent and/or registered of new registered agent and/or the new registered office		nter the name of the
HANI	UAN-MARTIN	
Name of New Registered Agent:		
15065 S	W TIGER TAIL COURT	
New Registered Office Address:	(Flor	da sireei address)
INDIAN	NTOWN	Florida 34956
	(City)	Florida 34956 (Zip Code)
New Registered Agent's Signature, if changing Registere I hereby accept the appointment as registered agent. I am f	ed Agent: familiar with and accept if	e obligations of the position.
_//	nigral Ju	n montin
	Signature of New Register	ed 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 lener 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 X Add	<u>PT</u> <u>Y</u> <u>SV</u>	John Do Mike Jo Sally Sr	<u>nes</u>	
Type of Action (Check One)	<u>Title</u>		Name	<u>Addres</u> s
Change Add	<u>T</u>	-	MARIO F ANDRES	502 SW HALKELL AVE PORT ST LUCIE, FL 34953
Remove 2) Change Add	T	_	ANGELINA TOMAS-ANDRES	331 NORTH H ST LAKE WORTH, FL 33460
Remove		-		
Change Add		-		
Remove				
5) Change Add		_		
Remove				
6) Change Add		-		
Remove				
E. If amending or addin (attach additional shee	g additio ts, if nece	nal Arti ssary).	cles, enter change(s) here: (Be specific)	
NONE		_		
			. <u></u>	

The date of each amendment(s) adoption:, if other than the date this document was signed.
Effective date if applicable: 12/16/2020
(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.

Dated	DECEMBER 16,2020
Signatu	migrey Jugaryantin
	(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)
	JUAN JUAN-MARTIN
	(Typed or printed name of person signing)
	17) ped of printed name of person signing)
	PRESIDENT