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| (Requestor's Name) | _ |
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| PICK-UP WAIT MAIL | |
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COVER LETTER

TO: Amendment Section Division of Corporations

| NAME OF CORPORATION: <u>Jesucristo Fuente de Amor "Dios es Bueno"</u> |
|--|
| DOCUMENT NUMBER: |
| The enclosed Articles of Amendment and fee are submitted for filing. |
| Please return all correspondence concerning this matter to the following: |
| RAQUEL SANTANA DE SOTO (Name of Contact Person) |
| Jesucristo Fuente De Amor "Dios es Bueno" (Firm/Company) |
| 3350 CALCUTTA QUE. (Address) |
| OR CANDO, FC. 32817 (City/ State and Zip Code) |
| 14-mail address: (to be used for future annual report notification) |
| For further information concerning this matter, please call: |
| Name of Contact Person) at 32817/407-953-6544 (Area Code) (Daytime Telephone Number) |
| Enclosed is a check for the following amount made payable to the Florida Department of State: |
| S\$35 Filing Fee ☐\$43.75 Filing Fee & ☐\$43.75 Filing Fee & ☐\$52.50 Filing Fee Certificate of Status (Additional copy is enclosed) ☐\$52.50 Filing Fee Certificate of Status (Additional Copy is 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

<u>Jesuchi's 7D</u> Fuente De Amor "Dios es Bueno" (Name of Corporation as currently filed with the Florida Dept. of State) (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: 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: New Registered Office Address: 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. I) / A
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: XChange X Remove X Add | PT John D V Mike Je SV Sally S | <u>ones</u> | • |
|---|--------------------------------------|---|---|
| Type of Action (Check One) | <u>Title</u> | <u>Name</u> | Address |
| 1) X Change Add | _S | FARES F SOTO SANTANA | 3350 CAL CUTTA QUE. ORCANDO, FC. 32817 |
| Remove | | | 11/17 |
| 2)ChangeAdd | <u> </u> | N/B | <u> </u> |
| Remove 3) Remove 4 Add Remove | _N/A | n/R | N/14 |
| 4) Change Add | NA | N/4 | |
| Remove 5/ChangeAdd | <u> N/12</u> | N/A | N/A |
| Remove 6) Change Add | NÍP | | N/14 |
| Remove | | · | 12/12 |
| E. <u>If amending or addin</u> (attach additional shee | | cles, enter change(s) here: (Be specific) | |
| | | N/12 | |
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| | N/19 | |
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| The date of each amendment(s) adoption:date this document was signed. Effective date if applicable: | 11/01/2021 | , if other than the |
| Effective date if applicable: (no more i | than 90 days after amendment file dates | |
| Note: If the date inserted in this block does not mee document's effective date on the Department of State | t the applicable statutory filing requirement | s, this date will not be fisted as the |
| Adoption of Amendment(s) (CHECE | <u>CONE</u>) | |

** 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 | | | | |
| Signature Jac Santana S- | | | | |
| (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) | | | | |
| (Typed or printed name of person signing) | | | | |
| Vice- President. | | | | |
| (Title of person signing) | | | | |