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| (Requestor's Name) | |
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| (Business Entity Name) |) |
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N 20000002697 DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Yelitza Rivera-Rodriguez (Name of Contact Person) (Firm/ Company) 1620 wallace Manor BIVd Haven, FL 33880 (City/State and Zip Code) Vivera_lelitza (a) lahoo. Com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Enclosed is a check for the following amount made payable to the Florida Department of State: □ \$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 (Additional Copy is enclosed) Enclosed)

Mailing Address

TO: Amendment Section

Division of Corporations

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



October 19, 2022

IGLESIA DE JESUCRISTO MONTE MORIAH INC. 1620 WALLACE MANOR BLVD WINTER HAVEN, FL 33880

SUBJECT: IGLESIA DE JESUCRISTO MONTE MORIAH INC.

Ref. Number: N20000002697

We have received your document for IGLESIA DE JESUCRISTO MONTE MORIAH INC.. However, upon receipt of your document no check was enclosed. Please send a check or money order payable to the Department of State for \$43.75. Your document will be retained in our pending file. Please return a copy of this letter to ensure that your check is properly credited.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6939.

Letter Number: 222A00023410

Stacy Prather Regulatory Specialist III

www.sunbiz.org

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Articles of Amendment

to

Articles of Incorporation of

| _ , , , | vi |
|---|---|
| I glesia de Jesucri | isto Monte Moriah Inci |
| (Name of Corporation as currently filed with the Florid | a Dept. of State) |
| N20000002697 | 1,2 |
| (Document Nur | mber of Corporation (if known) |
| Pursuant to the provisions of section 617,1006, Florida Stat amendment(s) to its Articles of Incorporation: | tutes, this Florida Not For Profit Corporation adopts the following |
| A. If amending name, enter the new name of the corpor | ration: |
| | The new |
| name must be distinguishable and contain the word "corpo "Company" or "Co." may not be used in the name. | oration" or "incorporated" or the abbreviation "Corp," or "Inc," |
| Company or Co. may not be used in the name. | 2000) V 21 D 141-t |
| B. Enter new principal office address, if applicable: | 3900 Lake Blue Dr. |
| (Principal office address <u>MUST BE A STREET ADDRES</u> | Winter Haven , f L 33881 |
| | |
| | |
| C. Enter new mailing address, if applicable: | 4885 Mandolin CT |
| (Mailing address <u>MAY BE A POST OFFICE BOX</u>) | |
| | Winter Haven , FL 33884 |
| | , |
| | |
| D. If amending the registered agent and/or registered of new registered agent and/or the new registered office. | |
| new registered agent and/or the new registered onto | <u>e agui ess.</u> |
| Name of New Registered Agent: | |
| | |
| New Registered Office Address: | (Florida street address) |
| New Registered Office Address. | |
| | , Florida |
| | (City) (Zip Code) |
| New Registered Agent's Signature, if changing Register | ed Agent: |
| I hereby accept the appointment as registered agent. I am | familiar with and accept the obligations of the position. |
| | |
| | Signature of New Projection of Grant of Lawrence |
| | 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 X Add | PT John D V Mike J SV Sally S | ones | |
|-----------------------------------|--|--|---|
| Type of Action (Check One) | <u>Title</u> | <u>Name</u> | Address |
| 1) Change Add | Treasurer | Surin Castañeda | 4998 Mandolin (T Winter Haven JFL 33884 |
| Remove 2) Change Add | | Ruben Jaime | 4885 Mandolin CT winter Haven, FL 33884 |
| Remove Change Add Remove | <u>Secre</u> tary | Yelitza Rivera Rodrigue | 2 1620 wallace Manor Blue winter Haven, FL 33880 |
| 4) Add | Treasurer | Edna Bonilla | 500 Avenue L NW F Winter Haven FL 33881 |
| Remove 5) Change Add Remove | | | |
| 6) Change Add Remove | . | | |
| E. If amending or a | dding additional Art sheets, if necessary). | icles, enter change(s) here: (Be specific) | |
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| The date of each amendment(s) adop | tion: | if other than the |
| | | , it outer that the |
| _ | 7/. /2 | |
| Effective date <u>if applicable</u> : | 1/16/22 | |
| | (no more than 90 days after amendment file date) | |
| | (and the many system and the many | |
| Note: If the date inserted in this block document's effective date on the Depar | does not meet the applicable statutory filing requirements, this ditment of State's records. | ate will not be listed as the |
| Adoption of Amendment(s) | (CHECK ONE) | |
| The amendment(s) was/were adop was/were sufficient for approval. | ted by the members and the number of votes cast for the amendr | nent(s) |