N20000006098

(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



500346842535

06/26/00--01017--014 ++85.00

ACTOR STATE STATE STATE

AUG 1 2020

COVER LETTER

TO: Amendment Section Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

IGLESIA DE ADO NAME OF CORPORATION:	RACION Y ALABANZ	ZA AL RITM	1O DE DIOS CORP	
N20000006098				
DOCUMENT NUMBER:				
The enclosed Articles of Amendment and fee are sub-	omitted for filing.			
Please return all correspondence concerning this mat	ter to the following:			
MIG	DALIA SANCHEZ DE	GONZALE	7.	
	(Name of Contact Per	son)		
IGLESIA DE ADORACIO	ON Y ALABANZA AL	RITMO DE	DIOS CORP	
	(Firm/ Company)			
	493 NOVA DR			
	(Address)			20
	DAVENPORT, FL 33	837		о <u>-</u> -
	(City/ State and Zip C	ode)		
	IGLAACFL@GMAIL.	СОМ		
E-mail address: (to be use	d for future annual repo	rt notificatio	1)	
For further information concerning this matter, pleas	e call:			
MIGDALIA SANCHEZ DE GONZ	ZALEZ at	407	301-3379	
(Name of Contact Person		Area Code)	(Daytime Telephone Numb	er)
Enclosed is a check for the following amount made p	payable to the Florida D	epartment of	State:	
■ \$35 Filing Fee □\$43.75 Filing Fee & Certificate of Status	ClS43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	Certif Certif) Filing Fee leate of Status ied Copy tional Copy is ised)	
Mailing Address Amendment Section Division of Corporations	Ame	et Address endment Sect sion of Corpo		

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

. The Lay of STATE

Articles of Amendment to Articles of Incorporation of

IGLESIA DE ADORACION Y ALABANZA AL RITMO DE DIOS CORP

(Name of Corporation as currently filed with th	e Florida Dept. of State)	
N20000006098		
(Docur	nent Number of Corporation (if kno	own)
Pursuant to the provisions of section 617,1006. Flo amendment(s) to its Articles of Incorporation:	orida Statutes, this <i>Florida Not For</i>	Profit Corporation adopts the following
A. If amending name, enter the new name of th	e corporation:	
N/A		The new
name must be distinguishable and contain the word "Company" or "Co." may not be used in the nam		or the abbreviation "Corp." or "Inc."
B. Enter new principal office address, if applica	nble: N/A	
(Principal office address MUST BE A STREET		
		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	BOX) N/A	
	 	
D. If amending the registered agent and/or reginew registered agent and/or the new register		nter the name of the
Name of New Registered Agent:	MIGDALIA SANCHEZ DE GOS	NZALEZ
	493 NOVA DR	
		ida street address)
<u>New Registered Office Address</u>		21027
	DAVENPORT	, Florida 33837
	(City)	(Zip Code)
New Registered Agent's Signature, if changing	Registered Agent:	
I hereby accept the appointment as registered age	u. I am familiar with and accept to	he obligations of the position.
\	Atundalia Dancho	dy Hamal
-	Charles Charles Daniel	X 1 A miles Walk make make

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	<u>PT</u> <u>Y</u> <u>SY</u>	John Do Mike Jo Sally Sr	<u>nes</u>	
Type of Action (Check One)	<u>Title</u>		Name	Address
1) _x_ Change Add	VP	_	MIGDALIA SANCHEZ DE GONZALEZ	493 NOVA DR DAVENPORT, FL 33837
Remove				
2) Change Add		_		
Remove 3) Change Add Remove		-		
4) Change Add				
Remove				
5) Change Add		-		
Remove				
6) Change Add		_		
Remove				
F. <u>If amending or addin</u> (attach additional shee			cles, enter change(s) here: (Be specific)	
JUST CHANGE HER LA	AST NAN	1E		

		
. ==		
·		
		···
The date of each amendment(date this document was signed.	s) adoption:	, if other than the
Effective date if applicable:	06/22/2020	
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this document's effective date on the	s block does not meet the applicable statutory filing requirements, this date will not be Department of State's records.	e listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
☐ The amendment(s) was/we was/were sufficient for app	re adopted by the members and the number of votes cast for the amendment(s) proval.	,

adopted by the l	mbers or members entitled to vote on the amendment(s). The amendment(s) was/were poard of directors.
Dated Signatu	(By the chairman or vice chairman of the bland, 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)
	MIGDALIA SANCHEZ DE GONZALEZ
	(Typed or printed name of person signing)
	(Typed or printed name of person signing) VP