## N2000008922

(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



03/06/24--01011--014 \*\*35.00



T(

IGLES NAI .ATION:	IA PENTECO	OSTAL JESUS ES EI	L CAMINO II	√C
DOC .NT NUMBER:				
The enclosed Articles of Amendment ar	d fee are subt	nitted for filing.		
Please return all correspondence concert	ning this matte	er to the following:		
	JC	OSE R TOLEDO RIV	/ERA	
	•	(Name of Contact Po	erson)	
		(Firm/ Company	·/)	
		2702 RIDGEWOOD	) AVE	
		(Address)		
		SANFORD, FL 32	773	
		(City/ State and Zip	Code)	
	j	osetoledo1379@gma	iil.com	
E-mail addre	ss: (to be used	for future annual rep	oort notification	on)
For further information concerning this	matter, please	call:		
JOSE R TO	LEDO RIVER		407	446-8227
(Name of C	ontact Person		(Area Code)	(Daytime Telephone Number)
Enclosed is a check for the following an	nount made pa	yable to the Florida	Department of	State:
■ \$35 Filing Fee □\$43.75 F Certified	filing Fee & ate of Status	□\$43.75 Filing Fee Certified Copy (Additional copy i enclosed)	Certi s Certi (Add	60 Filing Fee ficate of Status fied Copy itional Copy is osed)
Mailing Address Amendment Section Division of Corporation P.O. Box 6327	ons	An Di	reet Address nendment Sec vision of Corp te Centre of	porations

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## Articles of Amendment to Articles of Incorporation of

## IGLESIA PENTECOSTAL JESUS ES EL CAMINO INC

(Name of Corporation as currently filed with the Flor	rida Dept. of State)
1	N20000008922
(Document N	Number of Corporation (if known)
Pursuant to the provisions of section 617.1006, Florida Samendment(s) to its Articles of Incorporation:	Statutes, this Florida Not For Profit Corporation adopts the following
A. If amending name, enter the new name of the corp	poration:
	The new
name must he distinguishable and contain the word "con "Company" or "Co." may not be used in the name.	rporation" or "incorporated" or the abbreviation "Corp." or "Inc."
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDR	RESS )
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	)
D. If amending the registered agent and/or registered new registered agent and/or the new registered of	
Name of New Registered Agent:	
New Registered Office Address:	(Florida street address)
	, Florida
	(City) (Zip Code)
New Registered Agent's Signature, if changing Regis I hereby accept the appointment as registered agent. It	stered Agent: 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: X Change X Remove X Add	PT         John De           V         Mike Jo           SV         Sally Sr	<u>nes</u>	
Type of Action (Check One)	<u>Title</u>	Name	Address
l) Change Add	PD	WILDALIZ GONZALEZ ROMAN	2702 RIDGEWOOD AVE SANFORD, FL 32773
x Remove			
2) Change Add	VPD	JOSE R TOLEDO RIVERA	2318 BELFRY WAY MASCOTTE, FL 34753
X Remove 3 ) Change Add X Remove	<u>S</u>	GERIASHMARIE FIGUEROA GON	5445 LAKE MARGARET DR APT F ORLANDO, FL 32812
4) Change Add	PD	JOSE R TOLEDO RIVERA	2318 BELFRY WAY MASCOTTE, FL 34753
Remove  5) Change	<u>S</u>	WILDALIZ GONZALEZ ROMAN	2702 RIDGEWOOD AVE SANFORD, FL 32773
Remove 6) Change Add	<u>_</u>	·	
F If amending or adding (attach additional sheet)		<u>cles, enter change(s) here</u> : (Be specific)	
			<u> </u>

	*	
<del></del>		<del></del>
<del></del>		<del></del>
		<del></del>
	<u></u>	<del></del>
		<del></del>
		<del> </del>
		<del></del>
		••
		-ر دره
The date of each amendment date this document was signed		, if other than the
_	MARCH 1, 2024	
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	
Note: If the date inserted in the document's effective date on the	is block does not meet the applicable statutory filing requirements, this date will not be no Department of State's records.	e listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/w was/were sufficient for ap	ere adopted by the members and the number of votes east for the amendment(s) aproval.	

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 <u>Harch -1 - 2024</u>						
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)						
JOSE R TOLEDO RIVERA						
(Typed or printed name of person signing)						
PRESIDENT / DIRECTOR						
(Title of person signing)						