

N21 CCCCCC 4148

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

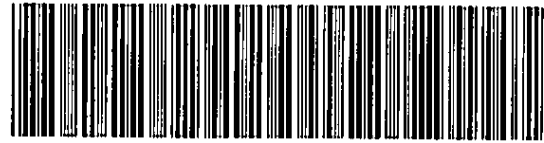
(Business Entity Name)

(Document Number)

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08/23/21--01003--026 **52.50

FILED

2021 AUG 23 PM 12:47

CLERK OF STATE
TALLAHASSEE, FL

A. Butler

Tomas Alexander Valdes-Gerona
President
IFA WA ASHEKUN OTA 100% CRIOLLO, INC
1321 SW 4TH ST,
Miami, FL 33135
(786)515-5267

August 6, 2021

SENT VIA CERTIFIED RECEIVED RECEIPT RETURN

Amendment Section
Division of Corporations Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

RE: NAME CHANGE

Dear Sirs:

Attached is Articles of Amendment to Articles of Incorporation of IFA WA ASHEKUN OTA 100% CRIOLLO INC. Kindly please change the name to be ASOCIACION RELIGIOSA IFA WA ASHEKUN OTA 100% CRIOLLO, INC.

Should additional information be required, do not hesitate in contacting me.

Very truly yours,



Tomas Alexander Valdes-Genoa

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: IFA WA ASHEKUN OTA 100% CRIOLLO, INC.

DOCUMENT NUMBER: N21000004148

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

PEDRO R. SOTO

(Name of Contact Person)

IFA WA ASHEKUN OTA 100% CRIOLLO, INC.

(Firm/ Company)

1321 SW 4TH ST

(Address)

MIAMI, FL 33135

(City/ State and Zip Code)

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

(Name of Contact Person) at (Area Code) (Daytime Telephone Number)

Enclosed is a check for the following amount made payable to the Florida Department of State:

- | | | | |
|--|--|---|---|
| <input type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &
Certified Copy
(Additional copy is
enclosed) | <input checked="" type="checkbox"/> \$52.50 Filing Fee
Certificate of Status
Certified Copy
(Additional Copy is
Enclosed) |
|--|--|---|---|

Mailing Address

Amendment Section
Division of Corporations
P.O. Box 6327

Street Address

Amendment Section
Division of Corporations
The Centre of Tallahassee

Articles of Amendment
to
Articles of Incorporation
of

IFA WA ASHEKUN OTA 100% CRIOLLO, INC.

FILED

2021 AUG 23 PM 12:47

(Name of Corporation as currently filed with the Florida Dept. of State)

N21000004148

SECRETARY OF STATE
TALLAHASSEE, FL

(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:

ASOCIACION RELIGIOSA IFA WA ASHEKUN OTA 100% CRIOLLO, INC

The new 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:

N/A

(Principal office address **MUST BE A STREET ADDRESS**)

C. Enter new mailing address, if applicable:

N/A

(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:

N/A

New Registered Office Address:

(Florida street address)

N/A

(City)

Florida

(Zip Code)

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.

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:

<input checked="" type="checkbox"/> Change	<u>PT</u>	<u>John Doe</u>
<input checked="" type="checkbox"/> Remove	<u>V</u>	<u>Mike Jones</u>
<input checked="" type="checkbox"/> Add	<u>SV</u>	<u>Sally Smith</u>

<u>Type of Action</u> (Check One)	<u>Title</u>	<u>Name</u>	<u>Address</u>
1) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	_____	_____	_____ _____ _____
2) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	_____	_____	_____ _____ _____
3) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	_____	_____	_____ _____ _____
4) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	_____	_____	_____ _____ _____
5) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	_____	_____	_____ _____ _____
6) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	_____	_____	_____ _____ _____

E. If amending or adding additional Articles, enter change(s) here:

(attach additional sheets, if necessary). (Be specific)

Effective date if applicable: AUGUST 6, 2021
(no more than 90 days after amendment file date)

Adoption of Amendment(s) (CHECK ONE)

- ☒ 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 AUGUST 6, 2021

Signature

Pedro R Soto

Tx

dotloop verified
08/06/21 9:56 AM EDT
XN7F-WPjM-7NWK-58KU

(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)

PEDRO R. SOTO

TOMAS ALEXANDER VALDES-GERON

(Typed or printed name of person signing)

REPRESENTATIVE

PRESIDENT

(Title of person signing)