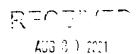
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COVER LETTER

TO: Amendment Section Division of Corporations

East Spanish Congregation of Jehovalis Witnesses, Immokalee, Florida NAME OF CORPORATION:
N21000009322
DOCUMENT NUMBER:
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
JUAN GONZALEZ
(Name of Contact Person)
n/A
(Firm/ Company)
656 HOPE CIR
(Address)
IMMOKALEE. FL 34142
(City/ State and Zip Code)
officetechnical@gmail.com
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
WILLIAM DEL ROSARIO 904-437-5187
(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:
■ \$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 Street Address

Amendment Section
Division of Corporations
The Centre of Tallahassee

Articles of Amendment to Articles of Incorporation of

East Spanish Congregation of Jehovahs Witnesses, Immokalee, Florida

N2100009322		
(Document Nun	nber of Corporation (if known)	
ursuant to the provisions of section 617.1006, Florida Statumendment(s) to its Articles of Incorporation:	utes, this Florida Not For Profit Corporation adopts th	ie following
. If amending name, enter the new name of the corpor	ation:	
//A		The new
one must be distinguishable and contain the word "corpor Company" or "Co." may not be used in the name.	ration" or "incorporated" or the abbreviation "Corp."	
Enter new principal office address, if applicable: Principal office address MUST BE A STREET ADDRES.	N/A	_
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A	2022 AU
		8 30
. If amending the registered agent and/or registered of new registered agent and/or the new registered office		MH 10: 19
Name of New Registered Agent:		
	(Florida street address)	
New Registered Office Address:	ii iorida sireet dadressi	
N/A	. Florida	
	, Florida	
ew Registered Agent's Signature, if changing Registere wereby accept the appointment as registered agent. I am j		
	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	Change PT John Doe Remove V Mike Jones			
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address	
1) × Change Add	<u>T</u>	JUAN GONZALEZ	656 HOPE CIR IMMOKALEE, FL 34142	
Remove				
2) Change Add				
Remove 3) Remove Add Remove				
4) Change Add				
Remove				
5) Change Add				
Remove				
6) Change Add				
Remove				
E. If amending or addin (attach additional sheet	g additional Artic ts, if necessary).	cles, enter change(s) here: (Be specific)		
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The date of each amendment	(s) adoption:					, if other than the
date this document was signed.					-	
Exercise describe the second	08/01/2021					
Effective date if applicable:		ore than 90 days o	ation amonda	Aller Anton		
	(no m	ne man 90 aays (ijier amenament	jne aare)		
Note: If the date inserted in the document's effective date on the	is block does not roe Department of S	meet the applicab State's records.	le statutory filing	g requirements, this	s date will not b	e listed as the

(CHECK ONE)

■ The amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s)

Adoption of Amendment(s)

was/were sufficient for approval.

כ	There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors.
	08/17/2021 Dated
	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)
	SANTOS DEGOLLADO
	(Typed or printed name of person signing)
	PRESIDENT
	(Title of person signing)