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of 2/28/2022

COVER LETTER

TO: Amendment Section Division of Corporations	•
NAME OF CORPORATION: Iglesia	Nacion Santa Inc.
DOCUMENT NUMBER: N210001	
The enclosed Articles of Amendment and fee are submitted for	or filing.
Please return all correspondence concerning this matter to the	following:
Viviana M Gua	of Contact Person)
Manager	
(Fi	rnv Company)
17435 West carn	egie cicle (Address)
Fort Myers, Floria	,
Joel Shine a ho E-mail address: (to be used for futu	tmail.com
For further information concerning this matter, please call:	ne annual report notification?
Viviana M Guarin	at 239 601-5270 (Area Code) (Daytime Telephone Number)
Enclosed is a check for the following amount made payable to	
(Add	75 Filing Fee & □\$52.50 Filing Fee fied Copy Certificate of Status itional copy is Certified Copy osed) (Additional Copy is Enclosed)
Mailing Address	Street Address
Amendment Section Division of Corporations	Amendment Section Division of Corporations
P.O. Box 6327	The Centre of Tallahassee

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

FILED

(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 Anticles of Incorporation: A. If amending name, enter the new name of the corporation: TELESIA NACION SANTA FWB 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: (Principal office address MUST BE A STREET ADDRESS) C. Enter new mailing address, if applicable: (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	IGLESIA NACION (Name of Corporation as currently filed with the Florid	• • •	INC	-2022 FEB-22	PM-12:
A. If amending name, enter the new name of the corporation: IELESIA NACION SANTA FWB 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: (Principal office address MUST BE A STREET ADDRESS) C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) Not Applicable	N21000	0010434		SECRETARY TALLAHAS	OF STATE
TGLESIA NACION SANTA FWB 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: (Principal office address MUST BE A STREET ADDRESS) C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) Not Applicable		tutes, this Florida Not	t For Profit Corporat	ion adopts the fol	lowing
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: (Principal office address MUST BE A STREET ADDRESS) C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) Not Applicable Not Applicable Not Applicable	A. If amending name, enter the new name of the corpor	ration:			
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) Not Applicable	name must be distinguishable and contain the word "corpo	SANTA oration" or "incorpora	FWB ated" or the abbrevia	INC THE	ie new "Inc."
(Mailing address MAY BE A POST OFFICE BOX) Not A PPLICABLE ———————————————————————————————————	B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRES	<u>m)</u> Not	Applica	ible.	
D. If amending the registered agent and/or registered office address in Florida, enter the name of the		Not	Applical	ble	
new registered agent and/or the new registered office address:			ida, enter the name (of the	
Name of New Registered Agent: Not Applicable	Name of New Registered Agent:	Not AP	plicable		
(Florida street address) <u>New Registered Office Address</u> :	New Registered Office Address:		(Florida street address)		
Florida		(Circle)			
(City) (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. Signature of New Registered Agent, if changing		red Agent: I familiar with and acc	cept 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: X Change X Remove A Add	PT John D Y Mike J SV Sally S	<u>ones</u>	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1)ChangeAdd	5_	Elsa D castillo	18549 Ocala Rd Fort Myers, Fl 33967
Remove			
2) Change Add			
Remove 3) Change Add Remove	 -		
4) Change Add			
Remove			
5) Change Add			
Remove			
6) Change Add			
Remove			
E. <u>If amending or adding</u> (attach additional shee	ng additional Art ts, if necessary).	icles, enter change(s) here: (Be specific)	
Not	Applica	able	
			

		
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The date of each amendment(s) adoption: date this document was signed.		, if other than the
•		
Effective date if applicable:	o more than 90 days after amendment file date)	
(n	o more than 90 days after amendment file date)	
Note: If the date inserted in this block does document's effective date on the Department	not meet the applicable statutory filing requirements, this date will not be of State's records.	e listed as the
Adoption of Amendment(s)	CHECK ONE)	
The amendment(s) was/were adopted by was/were sufficient for approval.	y the members and the number of votes cast for the amendment(s)	

¤(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 02/17/2022
	Signature (By the charman 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 J Portillo Sagastume (Typed or printed name of person signing)
	President

(Title of person signing)