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SECRETARY OF STATE  
TALLAHASSEE, FL



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

August 1, 2022

EULOGIA SANCHEZ  
379 SE BENCHMARK DR  
LEE, FL 32059

SUBJECT: IGLESIA CONGREGACIONAL JESUS SECA TU LLANTO INC  
Ref. Number: N22000002563

We have received your document for IGLESIA CONGREGACIONAL JESUS SECA TU LLANTO INC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please check the appropriate box on the amendment form regarding the adoption of the amendment(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Anissa Butler  
Regulatory Specialist II

Letter Number: 022A00017084

**COVER LETTER**

TO: Amendment Section  
Division of Corporations

**NAME OF CORPORATION:** IGLESIA CONGREGACIONAL JESUS SECA TU LLANTO INC \_\_\_\_\_

**DOCUMENT NUMBER:** N22000002563 \_\_\_\_\_

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

Please return all correspondence concerning this matter to the following:

EULOGIA SANCHEZ

\_\_\_\_\_  
(Name of Contact Person)

IGLESIA CONGREGACIONAL JESUS SECA TU LLANTO INC

\_\_\_\_\_  
(Firm/ Company)

379 SE BENCHMARK DR

\_\_\_\_\_  
(Address)

LEE, FL 32059

\_\_\_\_\_  
(City/ State and Zip Code)

eulogia0814@gmail.com

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

For further information concerning this matter, please call:

EULOGIA SANCHEZ

\_\_\_\_\_  
(Name of Contact Person)

407 535-5016

at

\_\_\_\_\_  
(Area Code) (Daytime Telephone Number)

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

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

**Mailing Address**

Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address**

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

Articles of Amendment  
to  
Articles of Incorporation  
of

FILED

AUG -3 PM 2:15

IGLESIA CONGREGACIONAL JESUS SECA TU LLANTO INC

SECRETARY OF STATE  
TALLAHASSEE, FL

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

N22000002563

(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:**

IGLESIA CONGREGACIONAL DE AVIVAMIENTO JESUS SECA TU LLANTO *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)

739 E. BASE ST

MADISON, FL 32340

**C. Enter new mailing address, if applicable:**

(Mailing address MAY BE A POST OFFICE BOX)

379 SE. BENCHMARK DR

LEE, FL 32059

**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:

WANDA HERNANDEZ

440 N. DILLARD STREET

(Florida street address)

New Registered Office Address:

WINTER GARDEN

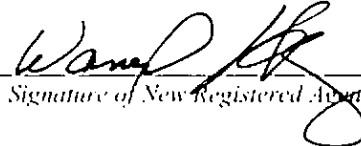
(City)

Florida 34787

(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

**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 checked="" type="checkbox"/> Add  <input type="checkbox"/> Remove	<u>P/MGR</u>	<u>EULOGIA SANCHEZ</u>	<u>379 SE BENCHMARK DR</u> <u>LEE, FL 32059</u>
2) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add  <input type="checkbox"/> Remove	<u>TREA</u>	<u>NESTOR MONGE</u>	<u>3443 SE BANDIT ST</u> <u>MADISON, FL 32340</u>
3) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add  <input type="checkbox"/> Remove	<u>SEC</u>	<u>EMIBEL CABAN</u>	<u>1126 SUNUP IN</u> <u>ORLANDO, FL 32825</u>
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)*

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- 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 05/03/2022

Signature Eulogia Sanchez  
(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)

EULOGIA SANCHEZ

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)