

# N23000002199

(Requestor's Name)

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(Address)

(City/State/Zip/Phone #)

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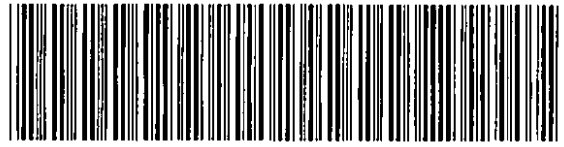
(Business Entity Name)

(Document Number)

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S. ROBERTS

AUG 14 2023

**COVER LETTER**

TO: Amendment Section  
Division of Corporations

NAME OF CORPORATION: BAJO LA SOMBRA DEL ALTISIMO INC

DOCUMENT NUMBER: N23000002199

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

Please return all correspondence concerning this matter to the following:

RUBYS TORRES ROSADO

(Name of Contact Person)

BAJO LA SOMBRA DEL ALTISIMO INC

(Firm/ Company)

8702 FORT JEFFERSON

(Address)

ORLANDO, FL 32822

(City/ State and Zip Code)

IGLBAJOLASOMBRA@GMAIL.COM

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

For further information concerning this matter, please call:

RUBYS TORRES ROSADO

321

663-4414

at

(Name of Contact Person)

(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 &  
Certificate of Status

☐ \$43.75 Filing Fee &  
Certified Copy  
(Additional copy is  
enclosed)

☐ \$52.50 Filing Fee  
Certificate of Status  
Certified Copy  
(Additional Copy is  
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

BAJO LA SOMBRA DEL ALTISIMO INC

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

N23000002199

(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 BAJO LA SOMBRA DEL ALTISIMO 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)**

N/A

**C. Enter new mailing address, if applicable:**  
**(Mailing address MAY BE A POST OFFICE BOX)**

N/A

**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

N/A

*(Florida street address)*

New Registered Office 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.*

\_\_\_\_\_  
*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 type="checkbox"/> Add  <input checked="" type="checkbox"/> Remove	<u>CFO</u>	<u>PRICILLA COLON</u>	<u>948 S SEMORAN BLVD STE 105</u> <u>ORLANDO FL 32827</u>
2) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add  <input type="checkbox"/> Remove	<u>S</u>	<u>JOHANY RIVERA</u>	<u>948 S SEMORAN BLVD STE 105</u> <u>ORLANDO FL 32827</u>
3) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>T</u>	<u>VIVIAN CONNERS</u>	<u>948 S SEMORAN BLVD STE 105</u> <u>ORLANDO FL 32827</u>
4) <input type="checkbox"/> Change <input type="checkbox"/> Add  <input checked="" type="checkbox"/> Remove	<u></u>	<u>FRANCISCO RIVERA</u>	<u>948 S SEMORAN BLVD STE 105</u> <u>ORLANDO FL 32827</u>
5) <input type="checkbox"/> Change <input type="checkbox"/> Add  <input checked="" type="checkbox"/> Remove	<u></u>	<u>ANTHONY HERNANDEZ</u>	<u>948 S SEMORAN BLVD STE 105</u> <u>ORLANDO FL 32827</u>
6) <input type="checkbox"/> Change <input type="checkbox"/> Add  <input type="checkbox"/> Remove	<u></u>	<u></u>	<u></u> <u></u> <u></u>

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

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

**ARTICLE III (CHANGE)**

Said organization is organized exclusively for charitable, religious, educational, sport and scientific purposes, including for

purposes, the making of the distributions to organizations that qualify as exempt organizations described under Section

501(c)(3) of the Internal Revenue Code, or corresponding section of any future federal tax code.

**ARTICLE IX (ADD)**

distributed to the federal government, or to a state or local government, for public purpose.

The date of each amendment(s) adoption: 06/30/2023, if other than the date this document was signed.

Effective date if applicable: 6/30/2023  
(no more than 90 days after amendment file date)

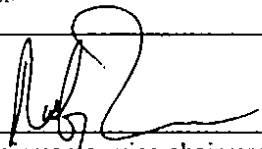
**note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

**Adoption of Amendment(s) (CHECK ONE)**

☒ The amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s) was/were sufficient for approval.

☒ 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 6/30/2023

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)

Rubys Torres Rosado

(Typed or printed name of person signing)

President

(Title of person signing)