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## **COVER LETTER**

TO: Amendment Section Division of Corporations

NAME OF CORPORATION	PRIMERA IGLESIA ON:	METODISTA LIB	RE HISPANA	A DE TAMPA, INC.	
DOCUMENT NUMBER:	N24717				
The enclosed Articles of Am	nendment and fee are subn	nitted for filing.	·		
Please return all corresponde	ence concerning this matte	r to the following:			
Pablo G. Martinez					
		(Name of Contact P	erson)		
Iglesia Puente de Vida					
		(Firm/ Compan	y)		
9602 HULSEY ROAD					
		(Address)			
Tampa, FL 33634					
		(City/ State and Zip	Code)		_
info@tampalibre.org					
E	-mail address: (to be used	for future annual rep	ort notification	on)	
For further information conc	erning this matter, please of	call:			
Pablo G. Martinez		at	813	2310138	
	(Name of Contact Person)		(Area Code)	(Daytime Telephone Number)	_
Enclosed is a check for the fo	ollowing amount made pay	yable to the Florida I	Department of	State:	
■ \$35 Filing Fee	□\$43.75 Filing Fee & U Certificate of Status	□\$43.75 Filing Fee Certified Copy (Additional copy i enclosed)	Certi s Certi (Add	50 Filing Fee ficate of Status fied Copy itional Copy is osed)	
Mailing Address		_	reet Address	tion	

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

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of

PRIMERA IGLESIA METODISTA LIBRE HISPANA	A DE TAMPA, INC.	
(Name of Corporation as c	urrently filed with the Flo	orida Dept. of State)
N24717		
(Document	Number of Corporation (if	known)
Pursuant to the provisions of section 617.1006, Florida samendment(s) to its Articles of Incorporation:	Statutes, this Florida Not F	For Profit Corporation adopts the following
A. If amending name, enter the new name of the cor	poration:	
name must be distinguishable and contain the word "co "Company" or "Co." may not be used in the name.	rporation" or "incorporate	The new ed" or the abbreviation "Corp." or "Inc."
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDR	RESS)	
C. Enter new mailing address, if applicable: (Mailing address <u>MAY BE A POST OFFICE BOX</u>	)	
D. If amending the registered agent and/or registere new registered agent and/or the new registered of		t, enter the name of the
Name of New Registered Agent:		
New Registered Office Address:	( )	Florida street address)
		, Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if changing Regis I hereby accept the appointment as registered agent. I		ot the obligations of the position.
		S. S.
	Signature of New Regi	A A
	Page 1 of 4	

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.

X Change X Remove X Add	<u>V</u> <u>Mil</u>	n Doe se Jones ly Smith		
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s	
1) Change	D	Daniel Carvajal	9602 Hulsey Rd	
Add			Tampa, FL 33634	
X Remove				
2) Change	D	Pablo Reyes	9602 Hulsey Rd	
Add			Tampa. FL 33634	
x Remove				
3 ) Change	T	Juan Garcia	9602 Hulsey Rd	
_ <b></b> Add			Tampa, FL 33634	
Remove				
4) Change				
Add				
Remove				
5) Change				
Add				
Remove				
			· · · · · · · · · · · · · · · · · · ·	
6) Change				
Add				
Remove		Days 2 of 4		

If amending or adding additional Articl attach additional sheets, if necessary).	(Be specific)					
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Th.	, dute of each amondment(s) adopt	August 3, 2018	_, if other than the
	e date of each amendment(s) adopti e this document was signed.	on:	, it other than the
Eff	ective date <u>if applicable</u> :		
		(no more than 90 days after amendment file date)	
	te: If the date inserted in this block dument's effective date on the Departi	oes not meet the applicable statutory filing requirements, this date will not nent of State's records.	be listed as the
Adoption of Amendment(s)		( <u>CHECK ONE</u> )	
	The amendment(s) was/were adopte was/were sufficient for approval.	ed by the members and the number of votes east for the amendment(s)	
	There are no members or members adopted by the board of directors.	entitled to vote on the amendment(s). The amendment(s) was/were	
	Dated	117 20 SHI	
	Signature	10000 Ma	_
	have not been se	or vice chairman of the board, president or other officer-if directors elected, by an incorporator – If in the hands of a receiver, trustee, or inted fiduciary by that fiduciary)	
	Pablo G. Ma	ninez	
	<del></del>	(Typed or printed name of person signing)	
	Director		
	<del></del>	(Title of person signing)	