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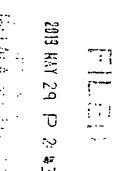
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION:	St. James/Santiago Ap	oostol Evangelical Lu	itheran Church	a, Inc.
	659			
DOCUMENT NUMBER:				· - · - · - · - · - · - · - · - · - · -
The enclosed Articles of Amend	ment and fee are submi	itted for filing.		
Please return all correspondence	concerning this matter	to the following:		
Bishop Pedro M. Suarez				
	(Name of Contact Pe	rson)	
Florida-Bahamas Synod, Evang	elical Lutheran Church	in America		
		(Firm/ Company)	
3838 W. Cypress Ave.				
		(Address)		
Tampa, FL 33607				
	(City/ State and Zip C	Code)	
bishop@fbsynod.org				
E-ma	il address: (to be used	for future annual rep	ort notification	n)
For further information concern	ng this matter, please o	call:		
Bishop Pedro M. Suarez		at	954	480-7347
(Na	me of Contact Person)		(Area Code)	(Daytime Telephone Number)
Enclosed is a check for the follo	wing amount made pay	yable to the Florida I	Department of	State:
■ \$35 Filing Fee □	3\$ 43.75 Filing Fee & [Certificate of Status	□\$43.75 Filing Fee Certified Copy (Additional copy is enclosed)	Certif Certif	0 Filing Fee icate of Status ied Copy tional Copy is osed)
Mailing Add	ress	Str	eet Address	

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

(Name of Corporation as currently filed with the Florida Dept. of State) (Document Number of Corporation (if known) (Document Number of Corporation (if known) Pursuant to the provisions of section 617.1006, Florida Statutes, this Florida Not For Profit Corporation adopts amendment(s) to its Articles of Incorporation: A. If amending name, enter the new name of the corporation or "incorporated" or the abbreviation "Corporation" or "Co." may not be used in the name. B. Enter new principal office address, if applicable: (Mailing address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) If amending the registered agent and/or registered office address: Name of New Registered Agent: Name of New Registered Agent: New Registered Office Address: Tampa, (City) (City) Registered Agent's Signature, if changing Registered Agent: ereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position. B. Address MAY B. A. Analysing	St James/Santiago Apostol Evangelical Luthera		•	A second second
(Document Number of Corporation (if known) Pursuant to the provisions of section 617.1006, Florida Statutes, this Florida Not For Frofit Corporation adopts amendment(s) to its Articles of Incorporation: A. If amending name, enter the new name of the corporation: A. If amending name, enter the new name of the corporation or "incorporated" or the abbreviation "Corporation" or "Corporated" or the abbreviation "Corporation" or "incorporated" o	(Name of Corporati	on as currently fil	ed with the Flori	da Dept. of State)
Pursuant to the provisions of section 617.1006, Florida Statutes, this Florida Not For Profit Corporation adopts mendment(s) to its Articles of Incorporation: A. If amending name, enter the new name of the corporation: ame must be distinguishable and contain the word "corporation" or "incorporated" or the abbreviation "Corporated" or the abbreviation "Corporation" or "incorporated" or the abbreviation "Corporated" or "incorporated" o	1120039			图
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ame must be distinguishable and contain the word "corporation" or "incorporated" or the abbreviation "Corp Company" or "Co." may not be used in the name. Enter new principal office address, if applicable: Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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: Bishop Pedro M. Suarez 3838 West Cypress Street New Registered Office Address: (Florida street address) Tampa, Florida (City) (Zip Code) Y Registered Agent: Signature, if changing Registered Agent: reby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.	Pursuant to the provisions of section 617 1006 to	lorida Statutes, this	Florida Not For	Profit Corporation adopts the following
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Tampa, (City) (Zip Code) W Registered Agent's Signature, if changing Registered Agent: preby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.		3838 West Cypre	ss Street	
(City), Florida 33607 (Zip Code) w Registered Agent's Signature, if changing Registered Agent: ereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.	New Registered Office Address:		(Florid	a strcet address)
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Fedro M. France	w Registered Agent's Signature, if changing Rereby accept the appointment as registered agent	egistered Agent: . I am familiar wi	th and accept the	obligations of the position
Signature CV D	_	Pedr	m. f	nan
Signature of New Registered Agent, if Changing		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	<u>V</u> <u>Mike</u>	Doe Jones Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change	Reg. Age	Ana Rosa Savignon	2300 North Sherman Circle
Add			Apt. 101
x Remove		•	Miramar, FL 33025
2) Change	Reg. Ag	Bishop Pedro M. Suarez	3838 W. Cypress Street
x Add			Tampa, FL 33607
Remove	D	Idalberto Montero	110 Phonetia Ave.
3) Change	Pres.		Coral Gables, FL 33134
Add Remove			Cotal Gables, FE 33134
	P.S.D.	Bishop Pedro M. Suarez	3838 W. Cypress Street
4) Change X Add			Tampa, FL 33607
Remove			
5) Change	M.	Yessy Montenegro	110 Phoenetia Ave.
Add			Coral Gables, FL 33134
x Remove			
6) Change	M.	Benjamin Urra	110 Phoenetia Ave.
Add			Coral Gables, FL 33134
x Remove			

E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific)		
Remove: Secty. Moises Matos, 110 Phoenetia Ave., Coral Gables, FL 33134		
Remove: Director, Ana Rosa Savignon, 110 Phoenetia Ave., Coral Gables, FL 33134		

The date of each amendm		_, if other than the
date this document was sign Effective date if applicable	May 26, 2019 le:	
	(no more than 90 days after amendment file date)	
Note: If the date inserted induction of the date of th	in this block does not meet the applicable statutory filing requirements, this date will not be not the Department of State's records.	oe listed as the
Adoption of Amendment	(s) (<u>CHECK ONE</u>)	
☐ The amendment(s) was/were sufficient for	as/were adopted by the members and the number of votes cast for the amendment(s) or approval.	
adopted by the board	s or members entitled to vote on the amendment(s). The amendment(s) was/were of directors: Eduncil of the Floresda Buhamus Syoi (SEL 19 Hached)	-d, ELCA
Dated		
Signature	Teho M Juin	_
ha	y the chairman or vice chairman of the board, president or other officer-if directors are not been selected, by an incorporator – if in the hands of a receiver, trustee, or her court appointed fiduciary by that fiduciary)	
	Bishop Pedro M. Suarez	
	(Typed or printed name of person signing)	
	Bishop of the Florida-Bahamas Synod, Evangelical Lutheran Church In America	
	(Title of person signing)	

As Secretary of the Florida-Bahamas Synod of the Evangelical Lutheran Church in America, I hereby certify that the following action was taken at a meeting of the Florida-Bahamas Synod Council on May 2, 2019, at which a quorum was present:

SC19.05.01 To invoke synod administration pursuant to Art. S13.24. of the Synod Constitution, and thereby take charge and control of the property of St.James/Santiago Apóstol, Coral Gables.

Rev. Dr. Kenneth C. Blyth

Secretary