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PICK-UP	WAIT	MAIL
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Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	
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COVER LETTER

Division of Corporations						
NAME OF CORPORATION: C.L. W PAGNETUL CONJUGATO						
DOCUMENT NUMBER: <u>P0700019398</u>						
The enclosed Articles of Amendment and fee are submitted for filing.						
Please return all correspondence concerning this matter to the following:						
LEROY WASHENGTON JU. Name of Contact Person						
L.L. W FCHNCEL CUDICLIANTS Firm/ Company						
4725 S.W. 153 4 AUE Address						
City/State and Zip Code						
PASTOR WASIJ TI. Q A.O. L. Com E-mail address: (to be used for future annual report notification)						
For further information concerning this matter, please call:						
Area Code & Daytime Telephone Number						
Enclosed is a check for the following amount made payable to the Florida Department of State:						
\$35 Filing Fee \$\ \text{S43.75 Filing Fee & Gertificate of Status} \text{ \$343.75 Filing Fee & Gertificate of Status} \text{ \$Certified Copy (Additional copy is enclosed)} \text{ \$Certified Copy (Additional Copy is enclosed)} \text{ \$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
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

FILED

(<u>Name of Corporation as curr</u>	00 19398	\$ECRETA	KRY-OF STATE SSEE, FLORID:
	mber of Corporation (if know	wn)	OCITED SERVING
ursuant to the provisions of section 607.100 mendment(s) to its Articles of Incorporation:	06, Florida Statutes, this <i>Fl</i>	orida Profit Corporat	ion adopts the follow
. If amending name, enter the new name of	of the corporation:		
		1	The new
ame must contain the word "chartered," "pro Enter new principal office address, if app Principal office address <u>MUST BE A STREE</u>	plicable:		····
			-
. Enter new mailing address, if applicable (Mailing address <u>MAY BE A POST OFF)</u>			
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(Mailing address MAY BE A POST OFF) If amending the registered agent and/or new registered agent and/or the new registered Agent:	registered office address is istered office address: (Florida street a (City)	iddress) 👆 📜 , Florid	

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)

<u>Title</u>	' <u>Name</u> '	Address	Type of Action
			Add Remove
			☐ Add
			Add Remove
E. <u>If ame</u> (a <i>ttach</i>	nding or adding additional Article additional sheets, if necessary). (s, enter change(s) here: (Ha	NEE
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provis	amendment provides for an exchasions for implementing the amend not applicable, indicate N/A)		
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		100	

The date of each amendment(s) a	doption:	25/2010	:
	(date of ad	option is required)	
Effective date <u>if applicable</u> : (no	more than 90 days after a	mendment file date)	
1		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
Adoption of Amendment(s)	(CHECK ONE)		
The amendment(s) was/were ad by the shareholders was/were so		The number of votes of	east for the amendment(s)
The amendment(s) was/were ap must be separately provided for			
"The number of votes cast	for the amendment(s) was	were sufficient for appr	roval
by		**	1
(vot	ing group)	 	•
The amendment(s) was/were ad action was not required.	opted by the board of dire	ctors without sharehold	er action and shareholder
The amendment(s) was/were ad action was not required.	opted by the incorporators	without shareholder ac	tion and shareholder
Dated	5/25/20	10	
selected	rector, president or other or, by an incorporator – if in and fiduciary by that fiduciary	the hands of a receiver	
	LERDY WASH (Typed or printed) PREST	NGNOTA I name of person signing	
	(Title of person signi	ng)	