## P190000 76008

(Re	equestor's Name)			
(Ac	ddress)			
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(Ci	ty/State/Zip/Phone #	<del>/</del> )		
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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPO	RATION: GIMENEZ CONSI	ULTING SERVICES INC			
DOCUMENT NUM	BER: P19000076008				
The enclosed Articles	of Amendment and fee are su	bmitted for filing.			
Please return all corre	spondence concerning this ma	tter to the following:			
	RUBEN GIMENEZ				
	*** · · · · · · · · · · · · · · · · · ·	Name of Contact Person	1		
	GIMENEZ CONSULTING SERVICES INC				
		Firm/ Company			
	3334 W 90TH STREET				
		Address			
	HIALEAH FL 33018				
		City/ State and Zip Code	2		
	pastorcomunidades@gmail.com				
	E-mail address: (to be us	sed for future annual report	notification)		
For further information	on concerning this matter, pleas	se call:			
RUBEN GIMENEZ		at (786	317-0554		
Name	of Contact Person	Area Co	de & Daytime Telephone Number		
Enclosed is a check for	or the following amount made	payable to the Florida Depa	artment of State:		
S35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)		
Am Div P.O	endment Section ision of Corporations Box 6327 lahassee, FL 32314	Amend Divisio The Co 2415 N	Address ment Section n of Corporations entre of Tallahassee N. Monroe Street, Suite 810 ssee, FL 32303		

## **Articles of Amendment** to Articles of Incorporation of

GIMENEZ CONSULTING SERVICES INC		
(Name of Corporation as currently	filed with the Florida Dept. of State)	
P19000076008		
(Document Number of	Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, this $F$ its Articles of Incorporation:	lorida Profit Corporation adopts the following am	nendment(s) to
A. If amending name, enter the new name of the corporation:		
	The	e new
name must be distinguishable and contain the word "corporation," "co "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A "chartered," "professional association," or the abbreviation "P.A."	ompany," or "incorporated" or the abbreviation "C	Corp.,"
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		<del></del>
C. Enter new mailing address, if applicable:		. <del>.</del>
(Mailing address <u>MAY BE A POST OFFICE BOX</u> )	2021 SE	
	AUG OF THE PROPERTY OF THE PRO	7
D. If amending the registered agent and/or registered office address:  new registered agent and/or the new registered office address:	ss in Florida, enter the name of the	
Name of New Registered Agent		 <del>}</del>
(Florida stree	et address)	
New Registered Office Address:	, Florida	
	City) (Zip Code)	
N. D. Lee J. A. et al. Clauseum (Calescales Decisioned Assessed		
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar wi	th and accept the obligations of the position.	
Ciana de Maria Da	internal depart if the province	
Signature of New Key	gistered Agent, if changing	

Check if applicable

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

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)

Example:

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	<u>PT</u>	John Doe	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) X Change	S	ROSA ANA OPPEDISANO	3334 W 90TH STREET
Add			HIALEAH FL 33018
Remove			
2) Change	<u>T</u>	DAVID JONATAN GIMENEZ	10471 W 34TH CT
X Add			HIALEAH FL 33018
Remove 3) Change			
Add			
Remove			
4) Change			
<b>A</b> dd			<u></u>
Remove			
5) Change			
Add			
Remove			<del></del>
6) Change			
Add			
Remove			

	ling additional Artic heets, if necessary).	(Be specific)			
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an amendment p	rovides for an excha lementing the amen	inge, reclassificati	on, or cancellation	n of issued share	<u>s.</u>
if not application	ble, indicate N/A)	different tr not conta	inted in the amen	differences.	
(9	,				
. <u> </u>					

	07/28/2021	
The date of each amendment( date this document was signed.	s) adoption:	, if other than th
Effective date <u>if applicable</u> :		<del></del>
<del></del>	(no more than 90 days after amendment file date)	
	his block does not meet the applicable statutory filing requirements, this of Department of State's records.	date will not be listed as th
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were action was not required.	e adopted by the incorporators, or board of directors without shareholder ac	tion and shareholder
☐ The amendment(s) was/were by the shareholders was/we	e adopted by the shareholders. The number of votes cast for the amendmen re sufficient for approval.	nt(s)
☐ The amendment(s) was/were must be separately provided	e approved by the shareholders through voting groups. The following states of for each voting group entitled to vote separately on the amendment(s):	ment
"The number of votes	cast for the amendment(s) was/were sufficient for approval	
by		
	(voting group)	
07/28/2 Dated	1021	
Signature		
(By sel	a director, president or other officer - if directors or officers have not beer ected, by an incorporator - if in the hands of a receiver, trustee, or other consisted fiduciary by that fiduciary)	
	RUBEN GIMENEZ	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	