## N06000004973

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PICK-UP WAIT MAIL	
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**EXAMINER** 

**TO:** Amendment Section **Division of Corporations** 

	. 1
NAME OF CORPORATION: FOR DE L	UZ Ministerio, Inc
DOCUMENT NUMBER: NO 6000	04973
The enclosed Articles of Amendment and fee are submitted for	filing.
Please return all correspondence concerning this matter to the fo	ollowing:
Evi Maria U//C (Name of Contact P	erson)
Faro Solvre L (Firm/Compan	a Roca
6245 Pembroke (Address)	2 Road
HOlly wood, F (City/ State and Zip	-landa 33023
E-mail address: (to be used for future	e annual report notification)
For further information concerning this matter, please call:	
(Name of Contact Person) at (2	(Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount made payable to	the Florida Department of State:
Certificate of Status Certif	3.75 Filing Fee & S52.50 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 Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## **Articles of Amendment**

to

Articles of Incorporation of

Faro De Luz	Minist	erio	Inc	
(Name of Corporation as cu	rrently filed with the F	lorida Dept. o	State)	
-000000	x0 4972			
(Document N	umber of Corporation (i	f known)		
Pursuant to the provisions of section 617.100	6, Florida Statutes, this	Florida Not Fo	or Profit Corporation adop	pts
the following amendment(s) to its Articles of	Incorporation:			
A. If amending name, enter the new name	of the corporation:		_	
Faro Sohre	IA P	ioca i	Ing	
The new name must be distinguishable and				
abbreviation "Corp." or " Inc." "Company"	or "Co." may not be u	sed in the nam	<u>£</u> .	
B. Enter new principal office address, if a				
(Principal office address <u>MUST BE A STRE</u>	<u>(ET ADDRESS</u> )		mand	
			- 第 **	£. f
C. Enter new mailing address, if applicable (Mailing address MAY BE A POST OF)			54 - 7	rsecent.
(	102 1011		rig A	MIT TO
				والمعادية
			<u> </u>	
D. If amending the registered agent and/o	r registered office addi	ess in Florida	enter the name of the	
new registered agent and/or the new re	gistered office address	Ĺ		
Name of New Registered Agent:	<del></del>		**************************************	
New Registered Office Address:	(Florida st	reet address)	<del></del>	
			, Florida	
	(Ci	ty)	(Zip Code)	
New Registered Agent's Signature, if chan				
I hereby accept the appointment as register position.	red agent. I am famil	iar with and a	accept the obligations of t	the
•				
<del>-</del>	Signature of New Regi.	stered 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)

<u>Title</u> <u>Name</u>	<u>Address</u>	Type of Action
T Ydanda Gomez		Add Remove
c wis French		_ ☐ Add _ ☑ Remove
cc zuleyka French		Add Remove
E. If amending or adding additional Articles, enter of (attach additional sheets, if necessary). (Be specification)	ic)	a 6
Title Nome	address	Action)
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Secretary	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·
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	32059	<del>5</del>
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<u> </u>		

The date of each amendment(s) adoption  Effective date if applicable:  (no	n: 01 08 00 0 (date of adoption is required) 01 10 201 0  o more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/were adopted b was/were sufficient for approval.	by the members and the number of votes cast for the amendment(s)
There are no members or members ent adopted by the board of directors.	titled to vote on the amendment(s). The amendment(s) was/were
	an or vice chairman of the board, president or other officer-if directors selected, by an incorporator – if in the hands of a receiver, trustee, or
	(Typed or printed name of person signing)
Pre	(Title of person signing)

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