N09000003651

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Office Use Only



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APR 28 2010

EXAMINER

COVER LETTER

TO: Amendment Section Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

NAME OF CORPORATION: Iglesia Evangelistica Ministerio de Dios para las Naciones Inc DOCUMENT NUMBER: N09000003651 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: PETER CAMACHO (Name of Contact Person) CP ASSOCIATED SERVICES INC (Firm/Company) 4545 FOREST HILL BLVD STE 10 (Address) WEST PALM BEACH FL 33415 (City/ State and Zip Code) PCAMACHO@CAMACHO-FS.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) NATALIA VILLA (Name of Contact Person) Enclosed is a check for the following amount made payable to the Florida Department of State: \$35 Filing Fee □ \$43.75 Filing Fee & **☑** \$43.75 Filing Fee & □ \$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy (Additional Copy enclosed) is enclosed) Mailing Address Street Address Amendment Section Amendment Section Division of Corporations Division of Corporations

Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation

| Igiesia Evangelistica Ministerio De Dios Para Las Naciones Inc |
|--|
| (Name of Corporation as currently filed with the Florida Dept. of State) |
| N0900003651 |
| (Document Number of Corporation (if known) |
| Pursuant to the provisions of section 617.1006, Florida Statutes, this <i>Florida Not For Profit Corporation</i> adopts the following amendment(s) to its Articles of Incorporation: |
| A. If amending name, enter the new name of the corporation: |

| | NA | | |
|--|---|----------------------------|-------------------------|
| The new name must be distinguishable abbreviation "Corp." or "Inc." <u>"Comp</u> a | | | corporated" or the |
| B. Enter new principal office address, if applicable (Principal office address MUST BE A STREET AD | if applicable: | 4545 FOREST HI | LL BLVD STE 11 |
| | TREET ADDRESS) | WEST PALM BEA | ACH FL 33415 |
| | | | |
| C. Enter new mailing address, if applicable (Mailing address MAY BE A POST OFF | | | |
| | | WEST PALM BEA | CH FL 33415 ··· |
| | | dress: | |
| Name of New Registered Agent: | | <u> </u> | |
| Name of New Registered Agent: New Registered Office Address: | (Flor | ida street address) | |
| | (Flor | ida street address) | , Florida |
| | (Flor | • | , Florida (Zip Code) |
| New Registered Office Address: New Registered Agent's Signature, if cl I hereby accept the appointment as reg | hanging Registered A | ida street address) (City) | |
| | hanging Registered A istered agent. I am | ida street address) (City) | |

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 Remove |
| | | | | ☐ Add ☐ Remove |
| E. If amend | ling or adding addi dditional sheets, if no | tional Articles, ente | er change(s) here: | |
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| The date of each amendment | t(s) adoption: 12/23/09 |
|---|--|
| Effective date <u>if applicable</u> : | (date of adoption is required) |
| | (no more than 90 days after amendment file date) |
| Adoption of Amendment(s) | (CHECK ONE) |
| The amendment(s) was/we was/were sufficient for approximation | re adopted by the members and the number of votes cast for the amendment(s) roval. |
| There are no members or radopted by the board of directions. | members entitled to vote on the amendment(s). The amendment(s) was/were rectors. |
| | 1- 2010 Attano |
| Signature | the chairman or vice chairman of the board, president or other officer-if director |
| | e not been selected, by an incorporator – if in the hands of a receiver, trustee, |
| | er court appointed fiduciary by that fiduciary) |
| | Dolando Pega |
| | (Typed or printed name of person signing) |
| | Meriden f |
| | (Title of person signing) |