# 80815M

(December 1)				
(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				
·				





500319844415

10/23/18--01025--016 +≠52.50

And

R. WHITE OCT 31 2018 ZOIR OCT 23 PH I2: 31
SECRETARY OF STATE
TALLAHASSEE, PATE

#### **COVER LETTER**

**TO:** Amendment Section Division of Corporations

MISIONEROS DEL CAMINO, INC.  NAME OF CORPORATION:		
N21808 DOCUMENT NUMBER:		
The enclosed Articles of Amendment and fee are submitted for filing.		
Please return all correspondence concerning this matter to the following:		
SUSAN M SALA		
(Name of Contact	Person)	
MISIONEROS DEL CAMINO, INC.		
(Firm/ Compa	ny)	
4354 SW 74TH AVE		
(Address)		
MIAMI, FL 33155		
(City/ State and Zip	p Code)	
MISIONEROSDELCAM@BELLSOUTH.NET		
E-mail address: (to be used for future annual re	eport notificat	ion)
For further information concerning this matter, please call:		
SUSAN M SALA	305 at	265-4477
(Name of Contact Person)	(Area Code	(Daytime Telephone Number)
Enclosed is a check for the following amount made payable to the Florida	Department o	of State:
☐ \$35 Filing Fee ☐ \$43.75 Filing Fee & ☐ \$43.75 Filing Fe  Certificate of Status	Cer v is Cer (Ac	2.50 Filing Fee rtificate of Status rtified Copy Iditional Copy is closed)

**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

MISIONEROS DEL CAMINO, INC.

2018 OCT 23 PM 12: 31

MIGIGIALITOS DEL GAMBIAS, 1140.		1010 001 40 11112 01
(Name of Corporation as curr	rently filed with the Flor	ida Dept. of State TARY OF STATE
N21808		TALLAHASSEE, FL
(Document Nu	mber of Corporation (if k	างพา)
	-	
Pursuant to the provisions of section 617.1006, Florida Stat amendment(s) to its Articles of Incorporation:	tutes, this <i>Florida Not Fo</i>	r Profit Corporation adopts the following
A. If amending name, enter the new name of the corpor	ration: N/A	
		The new
name must be distinguishable and contain the word "corpo "Company" or "Co." may not be used in the name.	oration" or "incorporated	U or the abbreviation "Corp." or "Inc."
B. Enter new principal office address, if applicable:	N/A	
(Principal office address MUST BE A STREET ADDRES		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	NA	
(maining address mile project by a		
	····	
D. If amending the registered agent and/or registered o		enter the name of the
new registered agent and/or the new registered offic	e aduress:	
Name of New Registered Agent:	N/A	
(Florida str		orida street address)
New Registered Office Address:		
		Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if changing Register I hereby accept the appointment as registered agent. I am		the obligations of the position.
	·	
<del></del>	Signature of New Regist	ered 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>Mik</u>	n Doc te Jones ly Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change	D	MARIA CARMEN PANDO	600 BILTMORE WAY #702
X Add			CORAL GABLES FL 33134
Remove			
2) X Change	PTD	SUSANA M SALA	4386 SW 74 AVE
Add			MIAMI FL 33155
Remove 3) Change	SD	GEORGINA M PORTELA	9041 SW 42 ST
Add			MIAMI FL 33165
Remove			
4) Change	D	ALICIA CODINA LEBLANC	17505 N BAY RD #723
X Add			SUNNY ISLES BEACH FL 3316
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

. <u>If amending or adding additional</u> (attach additional sheets, if necessa	Articles, enter change(s) here: ry). (Be specific)	NIA
<del> </del>		

		dment(s) adoption:	, if other than the
late	this document was	signed.	
Effe	ective date <u>if appli</u> c		
		(no more than 90 days after amendment file date)	
		ed in this block does not meet the applicable statutory filing requirements, this ite on the Department of State's records.	date will not be listed as the
۸d۵	option of Amendmo	ent(s) ( <u>CHECK ONE</u> )	
	The amendment(s) was/were sufficient	was/were adopted by the members and the number of votes cast for the amend t for approval.	dment(s)
X	There are no mem adopted by the bo	bers or members entitled to vote on the amendment(s). The amendment(s) was ard of directors.	s/were
	Dated	10/16/2018	
	Signature		·
		(By the chairman or vice chairman of the board, president or other officer-if de have not been selected, by an incorporator – if in the hands of a receiver, trus other court appointed fiduciary by that fiduciary)	
		SUSANA M SALA	
		(Typed or printed name of person signing)	
		PRESIDENT	
		(Title of person signing)	<del></del>