## N18000004244

(Requestor's Name)
(Address)
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(Nadiess)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
• • • •
(Document Number)
Certified Copies Certificates of Status

Mr. Rivera gave me permission to add a suffix. Mr. Rivera wanted "Inc" at the end of his entity Ministerio DE

Special Instructions to Filing Officer:

Of his entity Ministerio DE Mujeres Hadassan. Anissabutto 6/21/21

Office Use Only



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SECRETARY OF STATE

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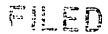
## **COVER LETTER**

TO: Amendment Section Division of Corporations

NAME OF CORPORATION	CONCILIO DE IGI N:	LESIA DE CRISTO	MISION	ERA M	IISION INTERN	ÁCIONAL LA MA
N DOCUMENT NUMBER:	18000004244					
The enclosed Articles of Amer	ndment and fee are sub	mitted for filing.				
Please return all corresponden	ce concerning this matt	er to the following:				
Emma Sanchez						
	<del></del>	(Name of Contact I	Person)		<u> </u>	
		(Firm/ Compar	ıy)			
PO BOX 669394						
		(Address)			· <del>-</del>	
POMPANO BEACH, FL 330	166					
		(City/ State and Zip	Code)	• •		•
EMERGENCIN@YAHOO.C	СОМ					
E-r	nail address: (to be used	for future annual re	eport not	fication	)	
For further information concer	rning this matter, please	e call:				
BERNARDO RIVERA		a	786 it		234-2802	
(1)	Name of Contact Person	)	(Area	Code)	(Daytime Telep	hone Number)
Enclosed is a check for the fol	lowing amount made p	ayable to the Florida	Departn	nent of	State:	
■ \$35 Filing Fee [	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fed Certified Copy (Additional copy enclosed)		Certifi Certifi	Filing Fee cate of Status ed Copy ional Copy is sed)	
Mailing Ad	dress	<u>s</u>	treet Ad	<u>dress</u>		

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

## Articles of Amendment to Articles of Incorporation



CONCILIO DE IGLESIA DE CRISTO MISIONERA MISION INTERNACIONAL LA MANO DE DIOS Y PUERTA DEI

(Name of Corporation as currently filed with the Florida Dent. of State)

N18000004244		SECRETARY OF STATE			
(Docum	ent Number of Corporation (if known)	TALLAHASSEE, FL			
Pursuant to the provisions of section 617.1006, Flor amendment(s) to its Articles of Incorporation:	ida Statutes, this <i>Florida Not For Prof</i>	fit Corporation adopts the following			
A. If amending name, enter the new name of the	corporation:				
MINISTERIO DE MUJERES HADASSAH, Tre		The new			
name must be distinguishable and contain the word "Company" or "Co." may not be used in the name		he abbreviation "Corp." or "Inc."			
B. Enter new principal office address, if applical	134 NW 69TH STREET	134 NW 69TH STREET			
(Principal office address <u>MUST BE A STREET A</u>		3309			
		<del></del>			
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE E	PO BOX 669394				
		POMPANO BEACH, FL 33066			
	<u></u>				
D. If amending the registered agent and/or regis		the name of the			
new registered agent and/or the new registere					
Name of New Registered Agent:	EMMA SANCHEZ	<u></u> _			
	134 NW 69TH STREET				
N D	(Florida si	reet address)			
New Registered Office Address:	FT. LAUDERDALE	33309			
		, Florida			
	(City)	(Zip Code)			
New Registered Agent's Signature, if changing R I hereby accept the appointment as registered agent		ligations of the position.			
_	Signature of New Registered A	gent, 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	PT John De V Mike Jo SV Sally Sr	<u>nes</u>	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) X Change Add	<u>P</u>	EMMA SANCHEZ	134 NW 69TH STREET FT. LAUDERDALE, FL 33309
Remove			
2) Change Add	<u>V</u>	ZORAIDA MARTINEZ	335 NE 48TH STREET #109 POMPANO BEACH, FL 33064
Remove 3 )	<u>sv</u>	NATALIE NOGUERAS	257 NE 44TH STREET POMPANO BEACH, FL 33064
4) Change Add		<u></u>	
Remove			<del></del>
5) Change Add			
Remove			
6) Change Add	<del></del>		
Remove			
E. If amending or addin (attach additional shee	ts, if necessary).		
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The date of each amendment	(s) adoption:	04/08/2021				, if other than the
date this document was signed						. If other man me
Effective date if applicable:	04/08/2021					
The transfer of the state of th	(n	o more than 90 days	after amendment j	ile date)		
Note: If the date inserted in the document's effective date on the			ble statutory filing	requirements, this	date will not b	e listed as the
Adoption of Amendment(s)	(6	CHECK ONE)				
The amendment(s) was/w was/were sufficient for ap		the members and t	he number of votes	cast for the amen	dment(s)	

There are no mem adopted by the bo	bers or members entitled to vote on the amendment(s). The amendment(s) was/were ard of directors.
Dated	04/082021
Signature	
	(By the chairman or vice chairman of the board, president or other officer-if directors have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)
	EMMA SANCHEZ
	(Typed or printed name of person signing)
	PRESIDENT

(Title of person signing)