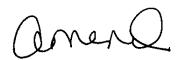
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Certified Copies	_ Certificates	of Status
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SECRETARY OF STATE
SECRETARY OF STATE

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: Ministerio Eva	angelistico M	li cristo Vive
DOCUMENT NUMBER: 769	021	****
The enclosed Articles of Amendment and fee are submitted	for filing.	
Please return all correspondence concerning this matter to the	ne following:	
Victorio Garcia-	Barbon et Person)	
Ministerio Evangelist		to vive
<u>17546 SW 48</u> (Address	Street	·
Miramar Plo (City/ State and 2)	rida 330. Zip Code)	29
Blas and Chachie E-mail address: (to be used for fu	(a) bell Sout	h. net
For further information concerning this matter, please call:	nare annual report norm	
Victorio Garcia-Barbon at (Name of Contact Person)	(784) 68 (Area Code & Dayti	3.5290 ime Telephone Number)
Enclosed is a check for the following amount made payable		
(A en	rtified Copy dditional copy is closed)	□ \$52.50 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 Corporati Clifton Building 2661 Executive Center Tallahassee, FL 3230	er Circle

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	rticles of Amend	ment	2010
Δ. μ-	to ticles of Incorpo	ration	EN FEB IO
Ait	of	ration .>2	SECOCO AMIL.
Ministerio Eva		co Mi cris	SECRETARIO TUC
(Name of Corporation as cur		-	
		21	······································
(Document Nu	umber of Corporati	<u> </u>	
Pursuant to the provisions of section 617.1000 the following amendment(s) to its Articles of		this Florida Not For	Profit Corporation adopts
A. If amending name, enter the new name	of the corporation	<u>n:</u>	
The new name must be distinguishable and abbreviation "Corp." or "Inc." "Company"			corporated" or the
	- "		Halling I Rhad
B. Enter new principal office address, if ap (Principal office address MUST BE A STRE		# 3	Holly wood Blvd D2 Flori'da 3302
			11 -000
		Hollywood	Florida 3302
C. Enter new mailing address, if applicable (Mailing address MAY BE A POST OFF			
D. If amending the registered agent and/or	registered office	address in Florida, ei	nter the name of the
new registered agent and/or the new re-			
Name of New Registered Agent:			
New Registered Office Address:	(Flori	da street address)	
			, Florida
		(City)	(Zip Code)
New Registered Agent's Signature, if change	ging Registered A	gent:	
I hereby accept the appointment as register position.			ept the obligations of the
_	Signature of New	Registered Agent, if ch	anging

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)

Title '	<u>Name</u>	<u>Address</u>	Type of Action
VP	Arnoid Bailesteros	11971 SW 19 ST. Miramar PC 33025	Add Remove
Secretary	Sandy Ballesteros	1971 SW 19 ST. Miramar FL 33025	Add Remove
Treasuer	<u>Maricefa</u> Reyes	3115 S. Edgewee Avenue. # 4-D Bronx, New YORK	Add Remove
		10463	>
E. If amend	ing or adding additional Articles, enter ditional sheets, if necessary). (Be speci		
(mineri an	umonai sneets, y necessary). (De specij	<i>,,,,</i>	
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The date of each amendment(s)	
Effective date <u>if applicable</u> :	(date of adoption is required)
7 · 1 · 1 · 4	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/were a was/were sufficient for approv	adopted by the members and the number of votes cast for the amendment(s) ral.
There are no members or mer adopted by the board of direct	mbers entitled to vote on the amendment(s). The amendment(s) was/were tors.
Dated	Feb 10, 10
Signature	Ser"
have n	e chairman or vice chairman of the board, president or other officer-if directors not been selected, by an incorporator – if in the hands of a receiver, trustee, or court appointed fiduciary by that fiduciary)
-	Victorio Garcia - Barbon (Typed or printed name of person signing)
_	President.
	(Title of person signing)