

769021

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

(Business Entity Name)

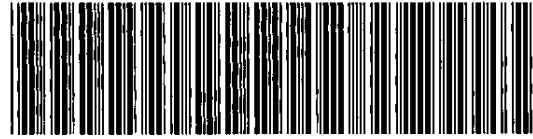
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Corrected document  
by subpoena can  
file 9/16/10

Office Use Only



700184008237

08/25/10--01003--007 \*\*35.00

*Amend*

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
10 SEP 16 PM 12:42  
FILED

Roberts SEP 16 2010



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

August 26, 2010

VICTORIO GARCIA-BARBON  
MINISTERIO EVANGELISTICO MI CRISTO VIVE  
6067 HOLLYWOOD BLVD #302  
HOLLYWOOD, FL 33025

SUBJECT: MINISTERIO EVANGELISTICO MI CRISTO VIVE, INC.  
Ref. Number: 769021

We have received your document for MINISTERIO EVANGELISTICO MI CRISTO VIVE, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

It appears that you completed the wrong form.

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6892.

Tina Roberts  
Regulatory Specialist II

Letter Number: 610A00020501

RECEIVED  
10 SEP 16 AM 8:00  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

**COVER LETTER**

TO: Amendment Section  
Division of Corporations

NAME OF CORPORATION: MINISTERIO EVANGELISTICO MI CRISTO VIVE ETC.

DOCUMENT NUMBER: 769021

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

VICTORIO GARCIA - BARBON SR.  
(Name of Contact Person)

MINISTERIO EVANGELISTICO MI CRISTO VIVE ETC.  
(Firm/ Company)

6067 HOLLYWOOD FLA #302  
(Address)

HOLLYWOOD 33021  
(City/ State and Zip Code)

INFO. @ VICTORIOGARCIBARBON.COM  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

VICTORIO GARCIA - BARBON at ( 786 ) 262 8926  
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount made payable to the Florida Department of State:

- |  |   |  |  |
|--|---|--|--|
| <input type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee & Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed) | <input type="checkbox"/> \$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 Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

Articles of Amendment  
to  
Articles of Incorporation  
of

MINISTERIO EVANGELISTAS MI CRISTO VIVE  
(Name of Corporation as currently filed with the Florida Dept. of State)

769021

(Document Number of Corporation (if known))

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Pursuant to the provisions of section 617.1006, Florida Statutes, this *Florida Not For Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

**A. If amending name, enter the new name of the corporation:**

NO

The new name must be distinguishable and contain the word "corporation" or "incorporated" or the abbreviation "Corp." or "Inc." "Company" or "Co." may not be used in the name.

**B. Enter new principal office address, if applicable:**  
(Principal office address MUST BE A STREET ADDRESS)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**C. Enter new mailing address, if applicable:**  
(Mailing address MAY BE A POST OFFICE BOX)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

FILED  
10 SEP 16 PM 12:42  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:**

Name of New Registered Agent:

\_\_\_\_\_

New Registered Office Address:

\_\_\_\_\_ (Florida street address)

\_\_\_\_\_, Florida \_\_\_\_\_  
(City) (Zip Code)

**New Registered Agent's Signature, if changing Registered Agent:**

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

\_\_\_\_\_  
Signature of New Registered Agent, if changing



The date of each amendment(s) adoption: 9/15/10  
(date of adoption is required)

Effective date if applicable: \_\_\_\_\_  
(no more than 90 days after amendment file date)

**Adoption of Amendment(s) (CHECK ONE)**

The amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s) was/were sufficient for approval.

There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors.

Dated 9/15/10

Signature [Handwritten 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)

VICTORIO GARCIA-RATH  
(Typed or printed name of person signing)

PRESIDENT  
(Title of person signing)