## NO2000 04923

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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPORATION	MINISTERIO APO ON:	STOLICO MUNDIA	AL COMPASIO	N INC	
DOCUMENT NUMBER:	N02000004923				
The enclosed Articles of Am					
Please return all corresponde	ence concerning this matt	er to the following:			
FERNANDO FONSECA					
		(Name of Contact F	Person)		
MINISTERIO APOSTOLI	CO MUNDIAL COMPA	SION INC			
		(Firm/ Compar	ıy)		
8084 MIZNER LN					
		(Address)			
BOCA RATON FLORIDA	x 33433				
	<u> </u>	(City/ State and Zip	Code)		
FERFONFLO@YAHOO.	СОМ				
	E-mail address: (to be use	d for future annual re	eport notification	n)	
For further information con-	cerning this matter, pleas	e call:			
FERNANDO FONSECA		2	813 it	5613317556	20 M
	(Name of Contact Person		(Area Code)	(Daytime Telephone	Number)
Enclosed is a check for the	following amount made p	payable to the Florida	Department of	State:	on · ;
■ \$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fe Certified Copy (Additional copy enclosed)	Certif	0 Filing Fee icate of Status ied Copy tional Copy is osed)	M11: 32
Mailing	Addroce	c	traat Addrace		

Mailing Address

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address

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 of

·	Articles of Amendment	Porting to
	to Articles of Incorporation	1/2 p
	of	5
MINISTERIO APOSTOLICO MUNDIAL COMPAS	SION INC	
Name of Corporation as currently filed with the I	Florida Dept. of State)	
N02000004923		
(Document	nt Number of Corporation (if known	)
Pursuant to the provisions of section 617.1006, Floridament(s) to its Articles of Incorporation:	la Statutes, this Florida Not For Pro	ofit Corporation adopts the following
A. If amending name, enter the new name of the c	corporation:	
name must be distinguishable and contain the word '	"varianting" or "incorporated" or	The new
name must be aistinguishable and contain the word "Company" or "Co." may not be used in the name.	corporation or incorporated or	me annevation Corp. or me.
B. Enter new principal office address, if applicable (Principal office address MUST BE A STREET AD		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B)	<u>ox</u> )	
D. If amending the registered agent and/or registence new registered agent and/or the new registered.		er the name of the
Name of New Registered Agent:		
New Registered Office Address:	(Florida	street address)
		. Florida
_	(City)	, Florida (Zip Code)
New Registered Agent's Signature, if changing Relatively accept the appointment as registered agent.		obligations of the position.
<u> </u>		
	Signature of New Registered	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	PT John Do Y Mike Jo SV Sally Sr	nes	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change Add	TREASUR	YEMIR PADILLA	8209 MIZNER LANE BOCA RATON FL 33433
X Remove			
2) Change Add	SECRETA	SAMIRA CANDELARIA	8138 MIZNER LANE BOCA RATON FL 33433
X Remove 3) Change Add Remove			
4) Change Add	<del></del>		
Remove			
5) Change Add			
Remove			
6) Change Add			
Remove			
E. If amending or additional sheet		icles, enter change(s) here: (Be specific)	
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04/13/2020	
The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
04/13/2020	
Effective date if applicable:  (no more than 90 days after amendment file date)	
(no more mun 90 days after amenament file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be document's effective date on the Department of State's records.	e listed as the
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 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)
Ternaudo Formas (Typed or printed name of person signing)
(Title of person signing)