

Nos 00000 3749

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COVER LETTER

TO: Amendment Section Division of Corporations

Tallahassee, FL 32314

Ministerio E NAME OF CORPORATION:	vangelico Jesucristo R	tefugio Eteri	no, Inc.	
N03000003749 DOCUMENT NUMBER:				
The enclosed Articles of Amendment and fee	are submitted for filir	ng.		
Please return all correspondence concerning t	his matter to the follo	wing:		
Paul Segovia				
	(Name of Co	ntact Person	-)	
	(Firm/ C	ompany)		
6354 NW 82nd Ave				
<u> </u>	(Add	ress)		
Miami, FL 33166				
	(City/ State a	nd Zip Code	.)	
pastor@oasismiami.cc	be used for future an	nual report r	iolificatio	n)
For further information concerning this matte				
Paul Segovia		,305 at		282-4514
(Name of Contac	t Person)		ea Code)	(Daytime Telephone Number)
Enclosed is a check for the following amount	made payable to the I	lorida Depa	rtment of	State:
□ \$35 Filing Fee ■\$43.75 Filing Certificate of		opy	Certit Certil	(Filing Fee leate of Status led Copy tional Copy is osed)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327		Amend Divisio	Address ment Sect n of Corpe entre of T	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

Ministerio Evangefico Jesueristo Refugio Eterno,	Inc.			
Name of Corporation as currently filed with th	ie Florida D	ept, of State)		 -
803000003749				
(Docur	ment Numbe	r of Corporation (if	(known)	
Pursuant to the provisions of section 617,1006, Flo umendment(s) to its Articles of Incorporation:	orida Statute:	s, this <i>Florida Not</i>	For Profit Corporation ado	pts the following
A. If amending name, enter the new name of th	<u>ie corporati</u>	<u>on:</u>		
Ministerio Oasis, Inc.				The new
name must be distinguishable and contain the wor "Company" or "Co," may not be used in the nam	<u>ıe</u> .		ted" or the abbreviation "C	orp," or "Inc,"
B. Enter new principal office address, if applicable:		N/A 		_
(Principal office address <u>MUST BE A STREET A</u>	<u>4DDRESS</u>)			
	-			2021 S∏
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	BOX)	N/A		2024 NOV 19 בביספביו אלי מגנג אוא
				- 55 To
	-	_		SE OF
				E.F.L
D. If amending the registered agent and/or registered agent and/or the new registered agent and/or the new registered.			la, enter the name of the	FATE O.
Name of New Registered Agent:	N/A			
New Registered Office Address	:		(Florida street address)	
	N/A			/A
		(City)	Florida <u>`</u> . Florida <u>`_</u> <i>(Zip Co</i> c	de)
New Registered Agent's Signature, if changing I hereby accept the appointment as registered agen			ept the obligations of the pos	ition.
	Sig	mature of New Rev	istered Avent, 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 Doc 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>PT</u> <u>V</u> <u>SV</u>	John Doe Mike Jones Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change Add	Elder	Victor H. Segovia	6354 NW 82nd Ave Miami, FL 33166
X Remove 2) Change Add	ST	Danieta Segovia	6354 NW 82nd Ave Miami, FL 33166
X	<u>V</u>	Wilddalys Segovia	6354 NW 82nd Ave Miami, FL 33166
4) Change Add			
Remove Change Add			
Remove 6) Change Add			
E. If amending or addin (which additional shee)	ts, if noce	onal Articles, enter change(s) here: ssary). (Be specific)	

	
	
	
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The date of each amendment(s) adoption: 09/04/2024 date this document was signed.	, if other than the
Effective date if applicable:	
(no more than 90 days after amendment file date)	
<u>Note:</u> If the date inserted in this block does not meet the applicable statutory filing requirements, this date will document's effective date on the Department of State's records.	not be 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 11/01/2024	
Signature (By the chairman or lee 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)	
Paul Segovia	
(Typed or printed name of person signing)	
President	

(Title of person signing)