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| PICK-UP | ☐ WAIT | MAIL |
| (Bu | siness Entity Nar | me) |
| (Do | ocument Number) | <u>.</u> |
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COVER LETTER

TO: Amendment Section Division of Corporations

| NAME OF CORPORATION: | A DEL SENOR Y PU | ERTA DEL C | CIELO INC. |
|---|------------------------|-----------------------------|--|
| DOCUMENT NUMBER: | | | |
| The enclosed Articles of Amendment and fee are subm | itted for filing. | | |
| Please return all correspondence concerning this matter | to the following: | | |
| ORLANDO JIRON | | | |
| (| Name of Contact Pers | son) | |
| MINISTERIO CASA DEL SEÑOR Y PUERTA DEL | CIELO INC. | | |
| | (Firm/ Company) | | |
| 752 NW 22 PL | | | |
| | (Address) | | |
| MIAMI, FL. 33125 | | | |
| | City/ State and Zip C | ode) | |
| orlyj925@gmail.com | | | |
| E-mail address: (to be used | for future annual repo | rt notification |) |
| For further information concerning this matter, please of | eall: | | |
| ORLANDO JIRON | | 305 | 786-970-3010 |
| (Name of Contact Person) | | Area Code) | (Daytime Telephone Number) |
| Enclosed is a check for the following amount made pay | able to the Florida De | epartment of S | State: |
| \$35 Filing Fee \$\Bigcup \\$43.75 Filing Fee & Certificate of Status | | Certifi Certifi | O Filing Fee cate of Status ed Copy ional Copy is sed) |
| Mailing Address Amendment Section | | et Address endment Secti | on |
| Ditt CO | D | -! C C | 4! |

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

FILED

16 MAR 18 AH 11: 42

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|--|-------------------------------------|--|
| (Name of Corporation as cu | irrently filed with the Flor | ida Dept. of State) LAHASSEE FLORID |
| MINISTERIO CASA DEL SEÑOR Y PUERTA DEL C | CIELO INC. | |
| (Document N | Number of Corporation (if k | nown) |
| Pursuant to the provisions of section 617.1006, Florida Sumendment(s) to its Articles of Incorporation: | tatutes, this <i>Florida Not Fo</i> | r Profit Corporation adopts the following |
| A. If amending name, enter the new name of the corp | oration: | |
| MINISTERIO CASA Y PUERTA DEL CIELO INC | | The new |
| name must be distinguishable and contain the word "con Company" or "Co." may not be used in the name. | poration" or "incorporated | d" or the abbreviation "Corp." or "Inc." |
| 3. Enter new principal office address, if applicable: Principal office address MUST BE A STREET ADDR | ESS) | |
| | | |
| | | |
| C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) |) | |
| | | |
| | .,. | |
| | | |
| If amending the registered agent and/or registered new registered agent and/or the new registered of | | enter the name of the |
| new registered agent and/or the new registered or | nce address. | |
| Name of New Registered Agent: | | |
| | | lorida street address) |
| New Registered Office Address: | (1) | oriau sireer aaaressy |
| | | , Florida |
| | (City) | (Zip Code) |
| ew Registered Agent's Signature, if changing Regist | | A 11 - 2 - 21 - 22 |
| hereby accept the appointment as registered agent. I d | am familiar with and accept | the obligations of the position. |
| | | |
| | Signature of New Regis | tered 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 | <u>V</u> <u>N</u> | ohn Doe 1ike Jones ally Smith | | |
|----------------------------------|-------------------|-------------------------------------|---------------------------------------|---------|
| Type of Action (Check One) | <u>Title</u> | <u>Name</u> | | Address |
| 1) Change Add Remove | | | · · · · · · · · · · · · · · · · · · · | |
| 2) Change Add Remove | | | | |
| 3) Change Add | | | | |
| Remove 4) Change Add | | | <u></u> - | |
| Remove 5) Change Add | | | | |
| Remove 6) Change Add | | | | |
| Remove | | | • • • | |

| E. If amending or adding additional Art (attach additional sheets, if necessary). | icles, enter change(s) here: (Be specific) | | | | |
|--|---|---------------|---|--|--|
| CROSS REFERENCE NAME: House and Door of Heaven Ministry | | | | | |
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| | | | 14/2016 | |
|-----|--|-----------------------|---|---------------------|
| | e date of each amendmen e this document was signed | | | , if other than the |
| | _ | 03/14/2016 | | |
| LHE | ective date <u>if applicable</u> : | (no mo | ore than 90 days after amendment file date) | |
| | e: If the date inserted in the ument's effective date on the series of t | | neet the applicable statutory filing requirements, this date will no state's records. | t be listed as the |
| Ada | option of Amendment(s) | (<u>CHE</u> | CCK ONE) | |
| | The amendment(s) was/v was/were sufficient for a | | members and the number of votes cast for the amendment(s) | |
| | There are no members or adopted by the board of | | o vote on the amendment(s). The amendment(s) was/were | |
| | Dated 03/14 | 1/2016 | | |
| | Signature | Oliver | | |
| | have | not been selected, by | chairman of the board, president or other officer-if directors y an incorporator – if in the hands of a receiver, trustee, or uciary by that fiduciary) | |
| | Ol | RLANDO JIRON | ()RLANDO SIRON | |
| | | | (Typed or printed name of person signing) | |
| | PF | RESIDENT | | |
| | _ | | (Title of person signing) | |