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DIVISION OF CORPORATIONS

Amund 12/31/08

COVER LETTER

TO: Amendment Section **Division of Corporations** NAME OF CORPORATION: Mouimiento Creyendole a Dios, Inc. The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Movimiento Creyendole a Dios, Inc.
(Firm/Company) HCO2 BOX 8406 (Address) Yabucoa, P.R. 00767
(City/ State and Zip Code) For further information concerning this matter, please call: Elizabeth Maldonado at (787) 559. 9651

(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: \$35 Filing Fee \$43.75 Filing Fee & ☐ \$43.75 Filing Fee & \$52.50 Filing Fee Certificate of Status Certificate of Status Certified Copy Certified Copy (Additional copy is (Additional Copy enclosed) 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

\mathcal{A}_{Λ}	of
Movimiento Creyendo	ole a Dios, Inc.
(Name of Corporation as currently fi	iled with the Florida Dept. of State)
NO400010468	
(Document Number of	f Corporation (if known)
Pursuant to the provisions of section 617.1006, Floridathe following amendment(s) to its Articles of Incorpor	a Statutes, this Florida Not For Profit Corporation adopts ration:
A. If amending name, enter the new name of the co	orporation:
<u>N/A</u>	
The new name must be distinguishable and contain abbreviation "Corp." or "Inc." "Company" or "Co.	
•	
B. Enter new principal office address, if applicable (Principal office address MUST BE A STREET ADD	
	- OF GENERAL STATE OF THE STATE
	22 CORPOR
C. Enter new mailing address, if applicable:	P ORA
(Mailing address MAY BE A POST OFFICE BO	$\frac{\partial x}{\partial x}$ $\frac{N/A}{dx}$
	Ki. "
· · · · · · · · · · · · · · · · · · ·	red office address in Florida, enter the name of the
new registered agent and/or the new registered	office address:
Name of New Registered Agent: N/A	
New Registered Office Address:	(Florida street address)
	, Florida
	(City) (Zip Code)
New Registered Agent's Signature, if changing Reg	gistered Agent:
I hereby accept the appointment as registered agen position.	t. I am familiar with and accept the obligations of the
	ure 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)

Transuvav			Address	Type of Action
	•	_	1898 Grand Bay Circle Apt. 207 Lakeland, FL. 33810	Add Remove
retary	Maria E	. Santiago	1898 Grand Bay Circle Apt. 201 Lakeland, Fl. 33810	Add Remove
	_			Add Remove
				□ Remove
		nal Articles, enter ch ssary). (Be specific		
\//\	лони знесіз, у несе.	овин уј. (Бе гресији)	,	
IV/H				
<u></u>				

The date of each amendment	t(s) adoption:/2//8/2008
Effective date <u>if applicable</u> :	N/A "
Zirotivo dato <u>ir appientio</u> .	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/we was/were sufficient for app	re adopted by the members and the number of votes cast for the amendment(s) roval.
There are no members or adopted by the board of di	members entitled to vote on the amendment(s). The amendment(s) was/were rectors.
Dated/	2/18/2008
Signature	elizabeth Haldondo
(B) hav	the chairman or vice chairman of the board, president or other officer-if directors re not been selected, by an incorporator — if in the hands of a receiver, trustee, or er court appointed fiduciary by that fiduciary)
	Elizabeth Maldonado
	(Typed or printed name of person signing)
	President
	(Title of person signing)

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