N0500000a59a

(1	Requestor's Name)	
· (Address)	
State Control of the	Address)	
(0	City/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
* ; *		
. (1	Business Entity Name	e)
(1	Document Number)	
Certified Copies	Certificates	of Status
Special Instructions	to Filing Officer:	
and the second		
*		
, · · · · · · · · · · · · · · · · · · ·		





100211806991

09/15/11--01003--004 **35.00





COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: MISION INTERNACIONAL NUEVA IGLESIA INC					
DOCUMENT	NUMB	ER: NO5000002592			
The enclosed A	rticles o	of Amendment and fee are submi	tted for	filing.	
Please return al	ll corres _l	pondence concerning this matter	to the fo	ollowing:	
		MAURICIO A			•
		(Name of Co	ntact Pe	erson)	
		MISION INTERNACION		 	
		(Firm/ C	ompany	/)	
	<u>. </u>	6500 STIRI			
	\$ N = E	(Add	lress)	ing on the second	
		HOLLYWOOD	FLORI	DA 33024	
		(City/ State a	nd Zip	Code)	
_		RGMACCOUNTIN			
		E-mail address: (to be used for		e annual report notificati	on)
Hor further into	rmation	concerning this matter, please ca	111:		
MAURICIO	ARCIN	IEGAS	_ at (954) 2929634	
. (Name of	f Contact Person)		(Area Code & Daytime	Telephone Number)
Enclosed is a cl	heck for	the following amount made paya	ıble to tl	he Florida Department o	f State:
		Certificate of Status	Certific	•	□ \$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
· • · · · ·	Amendr Division P.O. Bo	nent Section of Corporations x 6327 ssee, FL 32314		Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center C Tallahassee, FL 32301	

Articles of Amendment to Articles of Incorporation of

MISION INTERNACIONAL NUEVA IGLESIA INC

(Name of Corporation as currently filed with the Florida Dept. of State)

N05000002592

(Document Number of Corporation (if known)

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:

	or "Co." may not be used in the nam	"incorporated" or the <mark>1e</mark> .
Enter new principal office address, if ap incipal office address <u>MUST BE A STRE</u>		
Enter new mailing address, if applicable (Mailing address MAY BE A POST OFF		
If amending the registered agent and/or new registered agent and/or the new reg		, enter the name of th
Name of New Registered Agent:	gistered office address.	
New Registered Office Address:	(Florida street address)	
	(City)	, Florida (Zip Code)

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)

<u>Title</u>	<u>Name</u>	Address	Type of Action
PD	GARNIER ERICK	6500 STIRLING ROAD	☐ Add
		HOLLYWOOD, FL 33024	
DS	MAURICIO ARCINIEGAS	SECO STIDI ING BOAD	☐ Add
		6500 STIRLING ROAD HOLLYWOOD, FL 33024	☐ Add ☐ Remove
		HOLL I WOOD, I'L 33024	INCINOVO
PDS	MAURICIO ARCINIEGAS		[7] A.J.J
100	MAUNICIO ANCINIEGAS	6500 STIRLING ROAD HOLLYWOOD FL 33024	☑ Add □ Remove
		HOLL I WOOD FE 33024	Kemove
	ding or adding additional Articles, entereditional sheets, if necessary). (Be spe		
(arraen a	additional sheets, if necessary). (Be spe	cific)	
	·		
. 1			
*			
			_
«° 			
· *.			
<i></i>			
- 			

The date of each amendmen	t(s) adoption: 09/09/2011
Effective date <u>if applicable</u> :	(date of adoption is required) 09/09/2011
	(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	ere adopted by the members and the number of votes cast for the amendment(s) proval.
☐ 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_09/0	09/2011
Signature	Marilan
(By	the chairman or vice chairman of the board, president or other officer-if directors on the been selected, by an incorporator – if in the hands of a receiver, trustee, of the court appointed fiduciary by that fiduciary)
	MAURICIO ARCINIEGAS
	(Typed or printed name of person signing)
	DIRECTOR SECRETARY
	(Title of person signing)

Page 3 of 3