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TO: Amendment Section Division of Corporations

MINISTERIO VIDA NUE NAME OF CORPORATION:	VA INC
N05000002909	
DOCUMENT NUMBER:	
The enclosed Articles of Amendment and fee are submitted	for filing.
Please return all correspondence concerning this matter to th	e following:
ORLANDO CANALES	
(Name	e of Contact Person)
MINISTERIO VIDA NUEVA	
1)	Firm/ Company)
16360 NW 91 COURT	
	(Address)
MIAMI LAKES FL 33018 US	
(City/	State and Zip Code)
E-mail address: (to be used for fu	ture annual report notification)
For further information concerning this matter, please call:	
Pastor, ORLANDO CANALES	305 5585555 at
(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:
Certificate of Status Cert (Ad	.75 Filing Fee & S52.50 Filing Fee tified Copy Certificate of Status ditional copy is losed) (Additional Copy is Enclosed)
Mailing Address Amendment Section	Street Address Amendment Section

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

MINISTERIO VIDA NUEVA INC	

(Name of Corporation as currently filed with the Florid	da Dept. of State)	
N05000002909		
(Document Nu	ımber of Corporation (if known)	
Pursuant to the provisions of section 617.1006, Florida Sta amendment(s) to its Articles of Incorporation:	ntutes, this Florida Not For Proj	fit Corporation adopts the following
A. If amending name, enter the new name of the corpo	oration:	
N/A		The new
name must be distinguishable and contain the word "corpo" "Company" or "Co." may not be used in the name.	oration" or "incorporated" or t	he abbreviation "Corp." or "Inc."
B. Enter new principal office address, if applicable:	N/A	
(Principal office address MUST BE A STREET ADDRE	<u>(SS</u>)	
C. Enter new mailing address, if applicable:	N/A	
(Mailing address <u>MAY BE A POST OFFICE BOX</u>)		
D. If any address the assistant descent and the assistant descent	office address in Florida antar	the name of the
D. If amending the registered agent and/or registered of new registered agent and/or the new registered office.		the name of the
N/A Name of New Registered Agent:		
Name of New Kegisterea Agen.		
	(Florida s	treet address)
New Registered Office Address:		
		, Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if changing Registe I hereby accept the appointment as registered agent. I an	red Agent: n familiar with and accept the oi	bligations of the position.
	Signature of New Registered a	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 V Mike Jo SV Sally Sr	ones	
Type of Action (Check One)	Title	Name	<u>Addres</u> s
1) Change Add	<u>T</u>	MARTA FLORES	2683 W 60 PLACE HIALEAH FL 33016
x Remove			
2) Change Add			
Remove 3) Change	<u>T</u>	ERVIN IBARRA	1511 SW 98th AVE PEMBROKE PINES FL 33025
4) Change Add			
Remove			
5) Change X Add	<u>S</u>	NOBEL ROMERO	8111 W 36th AVE Apt 3 HIALEAH FL 33018
Remove			
6) Change Add			
Remove			
E. If amending or addin (attach additional shee	ng additional Arti ets, if necessary).	cles, enter change(s) here: (Be specific)	
N/A			

N/A				
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The date of each amendment date this document was signed	(s) adoption:	2		, if other than
	- 05/19/2022			
Effective date <u>if applicable</u> :		ın 90 days after amenc	lment file date)	
Note: If the date inserted in the document's effective date on t	is block does not meet the Department of State's	ne applicable statutory records.	filing requirements, thi	s date will not be listed as the
Adontion of Amendment(s)				

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 O8/19/2022 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)
ORLANDO CANALES
(Typed or printed name of person signing)
PRESIDENT
(Title of person signing)