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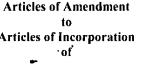
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORA	ATION: TORRE FUERTE	HOMESTEAD CHURCH,	INC.
DOCUMENT NUMBE	CR: H050002679303	ND5	000011702
	f Amendment and fee are su	bmitted for filing.	
Please return all corresp	ondence concerning this ma	tter to the following:	
В	ARBARA GARCIA		
		Name of Contact Person	1
В	G LAW, PA		
_	· · · · · · · · · · · · · · · · · · ·	Firm/ Company	
9	99 PONCE DE LEON BLV	D., SUITE 100	
		Address	
N	11AMI, FL 33134		
-	***	City/ State and Zip Code	e
SANTI	AGOJ123@YAHOO.COM		
		sed for future annual report	notification)
	2		,
For further information	concerning this matter, pleas	se call:	
JOSE SANTIAGO		at (⁷⁸⁶	431-5779
Name of	Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for t	the following amount made	payable to the Florida Depa	artment of State:
■ \$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Amen Divisi P.O. E	ng Address dment Section on of Corporations Box 6327 assee, FL 32314	Amend Divisio Clifton 2661 E	Address Iment Section on of Corporations Building executive Center Circle assee, FL 32301

Articles of Amendment to Articles of Incorporation



(Name of Corporation as currently filed with the Florida Dept. of State) TORRE FUERTE HOMESTEAD CHURCH, INC. (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: A. If amending name, enter the new name of the corporation: name must be distinguishable and contain the word "corporation" or "incorporated" or the abbreviation "Corp." or "Inc." "Company" or "Co." may not be used in the name. B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address: Name of New Registered Agent: (Florida street address) New Registered Office Address: __, Florida _ (Zip Code) (Citv) New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

Signature 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)

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	V Mik	n Doe e Jones y Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change	VP/S/D	MINELLI DUCLERC	948 NE 36 AVENUE
Add			HOMESTEAD, FL 33033
X Remove			
2) Change	T/D	MARILYN JAIMOT	948 NE 36 AVENUE
Add			HOMESTEAD, FL 33033
X Remove			
3) Change	<u>s</u>	JOSE A. SANTIAGO	948 NE 36 AVENUE
X Add			HOMESTEAD, FL 33033
Remove			
4) Change	VP/D	DANIEL BONILLA	948 NE 36 AVENUE
X Add			HOMESTEAD, FL 33033
Remove			
5) Change	D	GISELLE BONILLA	948 NE 36 AVENUE
X Add			HOMESTEAD, FL 33033
Remove			
6) Change			
Add			
Remove			

If amending or adding additional A (attach additional sheets, if necessary). (Be specific)	
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, h	APRIL 6, 2016	
The date of each amendment(s	adoption:	, if other than the
late this document was signed.		
Effective date i <u>f</u> applicable:		
	(no more than 90*days after amendment file date)	
Note: If the date inserted in this document's effective date on the	block does not meet the applicable statutory filing requirements, this date will Department of State's records.	not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/wer was/were sufficient for appr	e adopted by the members and the number of votes cast for the amendment(s) oval.	
There are no members or m adopted by the board of dir	embers entitled to vote on the amendment(s). The amendment(s) was/were ectors.	
Dated APRIL	5, 2017	
Signature	F. S. A. S	
(By the cl have not	nairman or yier chairman of the board, president or other officer-if directors been selected, by an incorporator – if in the hands of a receiver, trustee, or art appointed fiduciary by that fiduciary)	
JOSE	A. SANTIAGO	
	(Typed or printed name of person signing)	
PRES	SIDENT AND DIRECTOR	
	(Title of person signing)	