NO600000001695

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	ry/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

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JUN - 3 2020

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: MINISTERY OF HOSGING INTERNACIONAL INC	
DOCUMENT NUMBER: NO60000/695	
The enclosed Articles of Amendment and fee are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
Javier Mendoza	
(Name of Contact Person) (Firm/ Company)	
(Firm/ Company)	
17040 NE 4HL PL (Address)	
(Address)	
North Migmi Beach FL 33/62 (City/ State and Zip Code)	
(3. 3	
hosanna intervacional a hot mail com E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Taukr Mendors at 786-413-4871 (Name of Contact Person) (Area Code) (Daytime Telephone Number)	
(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 & Certificate of Status Certificate of Status Certified Copy (Additional copy is enclosed) Certified Copy (Additional Copy is Enclosed)	
Mailing Address Street Address	
Amendment Section Amendment Section Division of Corporations Division of Corporations	

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 7, 2020

JAVIER MENDOZA 17040 NE 4TH PL NORTH MIAMI BEACH, FL 33162

SUBJECT: MINISTERIOS HOSANNA INTERNACIONAL, INC.

Ref. Number: N06000001695

We have received your document and check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The document you submitted has been prepared pursuant to profit statutes (chapter 607, Florida Statutes). As the entity was originally filed as a nonprofit corporation, this document should be filed pursuant to chapter 617, Florida Statutes.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Claretha Golden Regulatory Specialist II

Letter Number: 520A00009296

Articles of Amendment

to
Articles of Incorporation
of

MINISTERIOS HOSANNO		al INC	2020 MM 28 AM 8
ame of Corporation as currently filed with the Flo	rida Dept. of State)		
NO6000001695			·
(Document)	Number of Corporation	(if known)	
rsuant to the provisions of section 617.1006, Florida sendment(s) to its Articles of Incorporation:	Statutes, this <i>Florida N</i>	ot For Profit Corpo	ration adopts the following
If amending name, enter the new name of the cor	poration:		
MINISTEYIOS hosanna INTE ime must be distinguishable and contain the word "co Company" or "Co." may not be used in the name.	vnaclongL rporation" or "incorpo	Global MI trailed" or the abbre	SSION INC The new viation "Corp." or "Inc."
Enter new principal office address, if applicable:	 		
rincipal office address <u>MUST BE A STREET ADDI</u>	RESS)		
	<u></u>		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)		
If amending the registered agent and/or registere	d office address in Flo	rida enter the nan	ne of the
new registered agent and/or the new registered o		rida, enter the nan	K O' (IIC
Name of New Registered Agent:			
		-	
		(Florida street addres	55)
New Registered Office Address:			
			Florida
	(City)		(Zip Code)
w Registered Agent's Signature, if changing Registereby accept the appointment as registered agent. I	stered Agent: am familiar with and ac	ccept the obligations	s of the position.
	Signature of New R	Revistered Avent, if c	hanging

and address of each ((Attach additional she Please note the officer P = President; V= Vic	Officer and/or Di tets, if necessary) Adirector title by to see President; T= 7 O = Chief Finance	irector being added: the first letter of the office titl Treasurer; S= Secretary; D= tial Officer. If an officer/dire	me of each officer/director being removed and title, name le: Director; TR= Trustee; C = Chairman or Clerk: CEO = Clector holds more than one title, list the first letter of each office	hief`
	leaves the corpor	ation, Sally Smith is named th	Doe is listed as the PST and Mike Jones is listed as the V . The he V and S . These should be noted as John Doe, PT as a Cha	
Example: X Change X Remove X Add	<u>V</u> <u>Mik</u>	n Doe se Jones y Smith		
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s	
1) Change Add				
Remove 2) Change Add	 -			
Remove 3) Remove				
4) Change Add				
Remove 5) Change Add				
Remove 6) Change Add				
Remove E. If amending or ac		Articles, enter change(s) he	re:	
i - [ancella]	ION OF	Amendment add	ppTed 4/19/2007	
CancellaTi	ON ARTIC	le TX; Rules	and Regulations	
this Coapon	ration (ancels and w	and Regulations its Relationship	2
A ssociate	d witho	ut the Free 1	Methodist CHurch	

The date of each amendment(s) adoption: March 31, 2020 . if other than the date this document was signed. Effective date if applicable: March 31, 2020 (no more than 90 days after amendment file date)
14nv. 1. 21 2.20
(no more than 90 days after amendment file date)
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.
Adoption of Amendment(s) (CHECK ONE)
The amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s) was/were sufficient for approval.

Dated March 31, 2020
Signature
(By the charman of 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)
Javier Mendoza
(Typed or printed name of person signing)