106000002033

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Amend

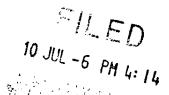
10 JUL -6 PM 4: 14

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	PRATION: MISION INTER	RNACIONAL PRIMICIA	AS DE CRISTO
DOCUMENT NUM	IBER: N06000002033	<u> </u>	
The enclosed Article	s of Amendment and fee are sub	mitted for filing.	
Please return all corr	espondence concerning this matt	ter to the following:	
		O MEDINA	
	(Name of	Contact Person)	
		L PRIMICIAS DE CRISTO	, INC
	(Firm	/ Company)	
. · <u> </u>		LT LINK LOOP	<u>.</u>
	(/	Address)	
	· · · · · · · · · · · · · · · · · · ·	HAPEL, FL 33544	
	(City/ Star	te and Zip Code)	
	E-mail address: (to be use	d for future annual report notific	cation)
For further informati	on concerning this matter, please	e call:	
ANA R. MEDINA	· ·	at (813)_991-63	08
(Name	e of Contact Person)	(Area Code & Dayt	ime Telephone Number)
Enclosed is a check	for the following amount made p	ayable to the Florida Departmen	nt 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)
Ame Divis P.O.	ling Address Indment Section Ission of Corporations Box 6327 Islansee, FL 32314	Street Address Amendment Section Division of Corporati Clifton Building 2661 Executive Cent Tallahassee, FL 3230	er Circle

Articles of Amendment to Articles of Incorporation of



MISION INTERNACIONAL PRIMICIAS DE CRISTO INC. FLORIBA

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

N0600002033	}	
(Document Number of Corpora	tion (if known)	
Pursuant to the provisions of section 617.1006, Florida Statute the following amendment(s) to its Articles of Incorporation:	s, this <i>Florida Not For F</i>	Profit Corporation adopts
A. If amending name, enter the new name of the corporati	on:	
N/A		
The new name must be distinguishable and contain the word abbreviation "Corp." or "Inc." "Company" or "Co." may no	d "corporation" or "inc ot be used in the name.	corporated" or the
B. Enter new principal office address, if applicable:	7007 BELT LINK LOOP	
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	WESLEY CHAPEL, FL	
	33544	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	7007 BELT LINK L	OOP
	WESLEY CHAPEL	., FL
	33544	
D. If amending the registered agent and/or registered offic new registered agent and/or the new registered office ac		ter the name of the
Name of New Registered Agent:	N/A	_
New Registered Office Address: (Float	rida street address)	<u> </u>
	(City)	, Florida (Zip Code)
New Registered Agent's Signature, if changing Registered		nt the obligations of the
I hereby accept the appointment as registered agent. I am position.	jaminar with and acce	pi ine oougations of the

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)

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
<u>T</u>	DOUGLAS VALLE	19239 WOODSAGE DR TAMPA FL 33647	_
VP	ROSE ARMONY MEDINA	7007 BELT LINK LOOP WESLEY CHAPEL FL 33544	_ ☑ Add _ ☐ Remove
VP	CARLOS CASTANEDA	1446 APPLETON PLACE WESLEY CHAPEL FL 33543	_ □ Add □ ☑ Remove
	nding or adding additional Articles, enter additional sheets, if necessary). (Be spec		
		· · · · · · · · · · · · · · · · · · ·	.
	· · · · · · · · · · · · · · · · · · ·		

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> <u>Address</u> **Type of Action** S/T ANA R. MEDINA 7007 BELT LINK LOOP Add WESLEY CHAPEL FL 33544 ☐ Remove ANA R. MEDINA S 7007 BELT LINK LOOP ___ 🗆 Add MARIA C. MORALES TAMPA FL 33647 ☐ Remove E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific) N/A

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>	<u>Address</u>	Type of Action
D _	OLVIN ODIR OLIVA	10755 GREAT FALLS LN TAMPA LF 33647	
E. If amen (attach a	nding or adding additional Articles, endditional sheets, if necessary). (Be s	nter change(s) here: specific)	
	· .		
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		·	

The date of each amendment(s) adoption: 6-30-/0
(date of adoption is required)
Effective date <u>if applicable</u> : (no more than 90 days after amendment file date)
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.
There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors.
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)
DAVID O. MEDINA
(Typed or printed name of person signing)
POECIDENT
(Title of person signing)

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