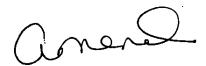
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COVER LETTER

TO: Amendment Section Division of Sorporations

NAME OF CORPO	RATION: Iglesia Puerta	Del Cielo	
DOCUMENT NUM	IBER: N06000008772		
The enclosed Article	s of Amendment and fee are sub	omitted for filing.	
Please return all corre	espondence concerning this mat	ter to the following:	
		uis Ortiz	
	(Name of	Contact Person)	
		uerta Del Cielo	
	(Firm	/ Company)	
	12402	Bramfield Dr	
	(2	Address)	
	Rivervi	ew, FL 33579	
- 	(City/ Sta	te and Zip Code)	
	puerta_delo	cielo@yahoo.com	7
	E-mail address: (to be use	d for future annual report not	incation)
For further informati	on concerning this matter, please	e call:	
Luis Ortiz		at (813) 786-1	629
(Name	of Contact Person)	(Area Code & Da	ytime Telephone Number)
Enclosed is a check f	or the following amount made p	ayable to the Florida Departn	nent 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.	ing Address ndment Section sion of Corporations Box 6327 hassee, FL 32314	Street Address Amendment Section Division of Corpor Clifton Building 2661 Executive Ca	on rations

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

FILED
2009 OCT 26 ALL
SECRETARY OF STATE

Iglesia Puerta Del Cielo, Inc.

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

N06000008772

(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:

pplicable:		
EET ADDRESS)		
ole: FICE BOX)		
		nter the name of the
(Florid	a street address)	
	(City)	, Florida (Zip Code)
	le: FICE BOX) r registered office 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>Nàme</u>	<u>Address</u>	Type of Action
<u>D</u>	Emmanuel Ortiz	12402 Bramfield Dr Riverview, FL 33579	☑ Add □ Remove
(attach ad	ling or adding additional Articles, if necessary). (Be		RATION.

The date of each amendmen	t(s) adoption: 10/19/2009
Effective date <u>if applicable</u> :	(date of adoption is required)
* * • •	(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	are adopted by the members and the number of votes cast for the amendment(s) aroval.
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_10/1	9/2009 Or (IM)
Signature	Trust Hollo
hav	the chairman of vice chairman of the board, president or other officer-if directors be not been selected, by an incorporator – if in the hands of a receiver, trustee, or
otn	er court appointed fiduciary by that fiduciary)
	Luis Ortiz
	(Typed or printed name of person signing)
	President
	(Title of person signing)