# N0000008833

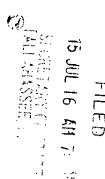
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## **COVER LETTER**

Division of Corporations
NAME OF CORPORATION: Ministerio Vive Inc.
DOCUMENT NUMBER: N0600008833
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
James E. Vallecillo-Pastor
(Name of Contact Person)
Ministerio Vive, Inc. (Firm/Company)
7209 Curry Ford Rd., Suite F
(Address)
Orlando, Fl. 32822
(City/ State and Zip Code)
ministerio viveince yahoo com E-mail address: (to be used for future annual report notification)
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Pastor Sonia Vallecillo at (407) 435-7094  (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 Certificate of Status Certified Copy (Additional copy is enclosed)  \$35 Filing Fee Certificate of Status  Certified Copy (Additional Copy is Enclosed)

# Mailing Address

TO: Amendment Section

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

#### Street Address

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## Articles of Amendment

to

Articles of Incorporation of

Ministerio Vive.	nc.
	lly filed with the Florida Dept. of State)
N0600008	<i>833</i>
	er of Corporation (if known)
Pursuant to the provisions of section 617.1006, Florida Statute amendment(s) to its Articles of Incorporation:	s, this Florida Not For Profit Corporation adopts the following
A. If amending name, enter the new name of the corporati	on:
NO.	The new
name must be distinguishable and contain the word "corporat	ion" 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)	
	$\mathcal{M}/\mathcal{A}$
	<del>4</del>
D. If amending the registered agent and/or registered offic	e address in Florida, enter the name of the
new registered agent and/or the new registered office a	ddress:
Name of New Registered Agent:	1/-
	N/A
<del></del>	(Florida street address)
New Registered Office Address:	
	, Florida
	(City) (Zip Code)
New Registered Agent's Signature, if changing Registered	Agent:
I hereby accept the appointment as registered agent. I am far	
Si	gnature of New Registered Agent, if changing にん
	क्रिकेट के
	· ( · (

Page 1 of 4

FILED

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		Doe Jones Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change Add Remove	<u>T</u>	Josean Burgos	7209 Curry Ford Rd. Suite F Orlando, Fl. 32822
2) Change Add Remove	<u>T</u>	Jose Figueroa	7209 Curry Ford Rd Suite F Orlando F/. 32822
3 ) Change Add Remove			
4) Change Add			
Remove  5) Change Add			
Remove  6) Change			
Add			

If amending or adding additional Article (attach additional sheets, if necessary).	(Be specific)
• •	
······································	
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	e date of each amends this document was si	· · · · · · · · · · · · · · · · · · ·	er than the
	ective date if applical	ble: 17/11/15	· · · · · · · · · · · · · · · · · · ·
		(no more than 90 days after amendment file date)	
		in this block does not meet the applicable statutory filing requirements, this date will not be listed on the Department of State's records.	as the
Ado	ption of Amendmen	t(s) ( <u>CHECK ONE</u> )	
Ø	The amendment(s) was/were sufficient f	was/were adopted by the members and the number of votes cast for the amendment(s) for approval.	
	There are no membe adopted by the board	ers or members entitled to vote on the amendment(s). The amendment(s) was/were d of directors.	
	Dated	7/11/15	
	Signature _	Jose Figueros	
	h	By the chairman or vice chairman of the loard, 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)	
		Jose Figueroa (Typed or printed name of person signing)	
		(Typed or printed name of person signing)	
		Treasurer	
		(Title of person signing)	