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COVER LETTER

TO: Amendment Section Division of Corporations

Tallahassee, FL 32314

NAME OF CORPORATION:	Ministerios El Calvar	io Internacional Inc	· -	
N060 DOCUMENT NUMBER:	000009069			
The enclosed Articles of Amenda	nent and fee are subm	itted for filing.		
Please return all correspondence of	oncerning this matter	to the following:		
Maria C Perez				
	(Name of Contact Pers	son)	
Paz Accounting Company				
		(Firm/ Company)	,	
9445 SW 40 Street Suite 103				
		(Address)		
Miami FL 33165				
	(City/ State and Zip Co	ode)	
maria@pazaccounting.com				
E-mail	address: (to be used	for future annual repor	t notification	1)
For further information concerning	g this matter, please c	all:		
Maria C Perez		at	786	900-0729
(Nam	e of Contact Person)		Area Code)	(Daytime Telephone Number)
Enclosed is a check for the follow	ing amount made pay	able to the Florida De	partment of :	State:
	43.75 Filing Fee & E ertificate of Status	3\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	Certifi Certifi	0 Filing Fee icate of Status ied Copy tional Copy is sed)
Mailing Address Amendment Sec Division of Cou P.O. Box 6327	tion	Ame Divis	et Address ndment Secti sion of Corpo on Building	

2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment to **Articles of Incorporation**

FILED

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 \mathbf{of} Ministerios El Calvario Internacional Inc

	i as curien	tly filed with the Florida	Dept. of Stare EUNETARY UPS TALLAHASSEF.	
N0600009069				
(Docur	ment Numb	er of Corporation (if know	1)	
Pursuant to the provisions of section 617.1006, Flo amendment(s) to its Articles of Incorporation:	rida Statute	s, this Florida Not For Pro	ofit Corporation adopts the following	
A. If amending name, enter the new name of the	e corporati	on:		
name must be distinguishable and contain the wore "Company" or "Co." may not be used in the nam		ion" or "incorporated" or	The new the abbreviation "Corp," or "Inc."	
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		9445 SW 40 Street		
		Suite 102		
		Miami FL 33165		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		9445 SW 40 Street		
		Suite 102		
		Miami FL 33165		
D. If amending the registered agent and/or regi- new registered agent and/or the new register			er the name of the	
Name of New Registered Agent:	Pag Accounting Company			
Mane of Few Registered Agent.	9445 SW 40 Street Suite 103			
New Registered Office Address:		(Florida street address)		
	Miami		. Florida 33165	
	<u> </u>	(City)	(Zip Code)	
New Registered Agent's Signature, if changing I I hereby accept the appointment as registered agen			obligations of the position.	
-	Sť	IT ele gnature of Nex 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	PT V SV	John Doe Mike Jones Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
i) Change	PSTD	Claudia Juliette Ramirez Fonseca	5077 NW 7 Street
Add			Unit 815
Remove			Miami Fl. 33126
2) Change	P	Maria C Perez	9445 SW 40 Street
X Add			Suite 102
Remove			Miami FL 33165
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			<u> </u>
6) Change			
Add			
Remove			

E. If amending or adding additional Art. (attach additional sheets, if necessary).	(Be specific)	
None		
	•	
	 -	
		•
		•

The date of each amendment	August 10, 2018	if other than the
late this document was signed		If Other than the
Effective date <u>if applicable</u> :	August 10, 2018	
	(no more than 90 days after amendment file date)	
	is block does not meet the applicable statutory filing requirements, this date will not be Department of State's records.	ot be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/w was/were sufficient for ap	ere adopted by the members and the number of votes cast for the amendment(s) oproval.	
There are no members or adopted by the board of d	members entitled to vote on the amendment(s). The amendment(s) was/were directors.	
Dated	st 10, 2018	
Signature	Melin	
have n	chairman or vice chairman of the board, president or other officer-if directors of been selected, by an incorporator — if in the hands of a receiver, trustee, or court appointed fiduciary by that fiduciary)	
Ma	ria C Perez	
	(Typed or printed name of person signing)	
Pre	sident	
	(Title of person signing)	