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COVER LETTER

TO: Amendment Section Division of Corporations

	idación angelos de amor Con
DOCUMENT NUMBER:	6000010775
The enclosed Articles of Amendment and fee	e are submitted for filing.
Please return all correspondence concerning	this matter to the following:
Victor 4	Name of Contact Person)
·	(Firm/ Company)
9130 5.0	adland Blod., Svill 1802 (Address)
Mian	71 Fl 33/56 City/ State and Zip Code)
E-mail address: (to	75 @ Waig. net o be used for future annual report notification)
For further information concerning this matter	er, please call:
Victor Hugo Rams	at (<u>305</u>) <u>772 9609</u> (Area Code & Daytime Telephone Number)
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount	t made payable to the Florida Department of State:
\$35 Filing Fee \$43.75 Filing Fee Certificate of Status	Certified Copy (Additional copy is enclosed) Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Address 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

of				
Fundacion Angeles de Amor Corp. (Name of Corporation as currently filed with the Florida Dept. of State)				
T TATE				
N 06 0000 10 775 STREET Cocument Number of Corporation (if known) STREET Cocument Number of				
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:				
A. If amending name, enter the new name of the corporation:				
ASOCIACION CENACULO Contemplativo de la Divina Misericordia, Corp. The new name must be distinguishable and contain the word "corporation" 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) P. O. Box 924224 Homestead, F1 33092				
D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:				
Name of New Registered Agent: Victor Hugo Rams Ir. 9130 S. Daduland Blvd., Svik 1802				
New Registered Office Address: (Florida street address)				
11 iami - 33156				
Miami , Florida 33156 (City) (Zip Code)				
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position. 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>	Address	Type of Action
E. If amer	ading or adding additional Anadditional Anadditional sheets, if necessary,	rticles, enter change(s) here: (Be specific)	
 · · · · ·			
		· 	

The date of each amendment(s) a	
Effective date if applicable:	(date of adoption is required) 03/03/2011
	(no more than 90 days after ^l amendhent file date)
Adoption of Amendment(s)	(CHECK ONE)
☐ The amendment(s) was/were adwas/were sufficient for approval	opted by the members and the number of votes cast for the amendment(s).
There are no members or membadopted by the board of director	pers entitled to vote on the amendment(s). The amendment(s) was/were rs.
Dated	3/03/2011 W. 10
Signature	Jane 4. Cypuld
have not	Indian or vice chairman of the board, president or other officer-if directors been selected, by an incorporator — if in the hands of a receiver, trustee, ourt appointed fiduciary by that fiduciary)
_	Maria de los Angeles Exposito (Typed or printed name of person signing)
	Director
	(Title of person signing)