MOTUUS888

(Re	equestor's Name)	
(Ad	ldress)	
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(Cil	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
	siness Entity Nan	
Certified Copies		s of Status
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Tallahassee, FL 32301

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: Hope & Faith	Ministri	es Inc.	
DOCUMENT NUMI	BER: <u>N07000008888</u>			
	of Amendment and fee are sub	omitted for	filing.	
Please return all corre	spondence concerning this mat	ter to the f	ollowing:	
	Jos	e A Rive	ra	·
	(Name of	Contact P	erson)	** **
	Hope & Fa			
	(Firm	n/ Compan	y)	
		SW 217 Address)	AVE	·
	(1	Address)	,	
		II FL 330 te and Zip	· ·	
	rive 11180 B	2e//Si	e annual report notifica	ation)
For further informatio	n concerning this matter, pleas	e call:		
Jose A Rivera		at (305 218-283	4 ne Telephone Number)
•	of Contact Person) or the following amount made p	payable to		
□\$35 Filing Fee	☐ \$43.75 Filing Fee & Certificate of Status	Certif	3.75 Filing Fee & ied Copy tional copy is sed)	☐ \$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Amen Divisi P.O. E	ng Address dment Section on of Corporations Box 6327 assee, FL 32314		Street Address Amendment Section Division of Corporation Clifton Building 2661 Executive Cente	ons

Articles of Amendment to . **Articles of Incorporation** of

LEM	FILED	į
2009 DEC 21 AM 9. 5	2009 DEC 21	

Hope & F	aith Ministrie	s Inc.	State) (A
(Name of Corporation as cur	rently filed with t	<u>he Florida Dept. of S</u>	State LAHA COLUM
HOPE & F (Name of Corporation as cur NO	7000008888		MOSEE, FL
(Document Nu	mber of Corporati	on (if known)	
rsuant to the provisions of section 617.1006 following amendment(s) to its Articles of		this Florida Not For	Profit Corporation a
If amending name, enter the new name	of the corporation	<u>1:</u>	
NIA			
he new name must be distinguishable and			ncorporated" or the
breviation "Corp." or "Inc." <u>"Company"</u>	or "Co." may not	be used in the name.	
. Enter new principal office address, if ap		AU	
Principal office address <u>MUST BE A STRE</u>	<u>ET ADDRESS</u>)		
Enter new mailing address, if applicable	le:	. 1.	
(Mailing address MAY BE A POST OFF		N/A	
. If amending the registered agent and/or	registered office	<u>address in Florida, e</u>	enter the name of th
new registered agent and/or the new reg	gistered office add	lress:	
Name of New Registered Agent:	N/A		
		•	
	(Flori	da street address)	
New Registered Office Address		au bii cei uuui eeej	
New Registered Office Address:	(1 101 1	·	
New Registered Office Address:	-	(City)	, Florida (Zip Code)

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
<u>ST</u>	Claudio J Angulo		Add Remove
	· · ·		Add Remove
			Add Remove
(attach addi Additional P	g or adding additional Articles, enter c tional sheets, if necessary). (Be specific rovissions: ssolution of the organization, asset	e)	or more
	poses within the meaning of section		
	nding section of any future federal t		
	or to a state or local government,		·- <u>-</u>
	by the Court of Common Pleas of		
	ition is then located, exclusively for		
•	ons, as said Court shal determine,		
	or such purpose.	<u> </u>	
<u>Oxoldolivoly 1</u>	01 04017 pairpooo.		
			
		<u> </u>	

The date of each amendmen	t(s) adoption: 11/28/2009
Effective date <u>if applicable</u> :	11/28/2009 (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	ere adopted by the members and the number of votes cast for the amendment(s) proval.
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_11/2 Signature_	28/2009
(By	the chairman or vice chairman of the board, president or other officer-if directors re, not been selected, by an incorporator – if in the hands of a receiver, trustee, or er court appointed fiduciary by that fiduciary)
	Jose A Rivera
	(Typed or printed name of person signing)
	President
	(Title of person signing)

Page 3 of 3