

1108000008672

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

(Business Entity Name)

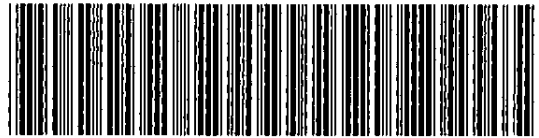
(Document Number)

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10/22/08--01008--008 \*\*35.00

Amend

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
09 NOV -7 AM 10:47

T. Roberts NOV 10 2008



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

October 27, 2008

DOMING LUIS VADI  
MINISTERIO DE RESTAURACION PALABRA DE  
8760 SW 133RD AVE ROAD STE 210  
MIAMI, FL 33183

SUBJECT: MINISTERIO DE RESTAURACION PALABRA DE VIDA, INC  
Ref. Number: N08000008672

We have received your document for MINISTERIO DE RESTAURACION PALABRA DE VIDA, INC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Articles of Correction must be filed within 30 days of the file date of the document that is being corrected. As the time period for filing Articles of Correction has expired, an amendment to the articles of incorporation could be filed at this time.

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6892.

Tina Roberts  
Regulatory Specialist II

Letter Number: 408A00055158

**COVER LETTER**

TO: Amendment Section  
Division of Corporations

NAME OF CORPORATION: MINISTERIO DE RESTAURACION PALABRA DE VIDA, INC.

DOCUMENT NUMBER: NO800000 8672

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Guillermo de Howartz

(Name of Contact Person)

IN BALANCE Accounting Systems, LLC.

(Firm/ Company)

1825 Ponce de Leon Blvd. Ste 380

(Address)

CORAL Gables, FL. 33134

(City/ State and Zip Code)

For further information concerning this matter, please call:

Guillermo de Howartz

(Name of Contact Person)

at ( 305 ) 567-0363

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount made payable to the Florida Department 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)

**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

MINISTERIO DE RESTAURACION PALABRA DE VIDA, INC  
(Name of Corporation as currently filed with the Florida Dept. of State)

NO 8000008672  
(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:

**A. If amending name, enter the new name of the corporation:**

*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)

**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:

New Registered Office Address:

(Florida street address)

\_\_\_\_\_, Florida  
(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

(see next page for changes)

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
08 NOV -7 AM 10:47

*(Attach additional sheets, if necessary)*

**E. If amending or adding additional Articles, enter change(s) here:**  
(attach additional sheets, if necessary). (Be specific)

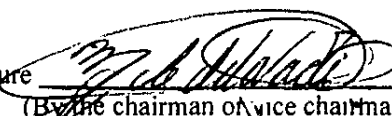
The date of each amendment(s) adoption: 10/30/08

Effective date if applicable: 11/1/08  
(no more than 90 days after amendment file date)

Adoption of Amendment(s) (CHECK ONE)

- ☐ The amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s) was/were sufficient for approval.
- ☒ There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors.

Dated 11/1/08

Signature   
(By the chairman or vice chairman of the board, 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)

MARBELLA VADI  
(Typed or printed name of person signing)

Vice-President  
(Title of person signing)