## N0800000 9542

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## **COVER LETTER**

TO: Amendment Section
Division of Corporations

THE VINE INTERNATION NAME OF CORPORATION:	AL MINISTRIES	
N08000009542		
DOCUMENT NUMBER:		
The enclosed Articles of Amendment and fee are submitted for	or filing.	
Please return all correspondence concerning this matter to the	following:	
FERNANDA SILVA		
(Name	of Contact Person)	
A&F FINANCIAL LLC		
(Fi	irm/ Company)	
4851 W HILLSBORO BLVD, STE#A2		
	(Address)	
COCONUT CREEK, FL 33073		
(City/ S	State and Zip Code)	
AF-FINANCIAL@AF-FINANCIAL.COM		
E-mail address: (to be used for fur	ure annual report notification)	
For further information concerning this matter, please call:		
FERNANDA SILVA	754 205-9371	
(Name of Contact Person)	(Area Code) (Daytime Telephone	Number)
Enclosed is a check for the following amount made payable t	o the Florida Department of State:	
(Add	75 Filing Fee & S52.50 Filing Fee ified Copy Certificate of Status ditional copy is cosed) 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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

## Articles of Amendment to Articles of Incorporation of

THE VINE INTERNATIONAL MINISTRIES INC

(Name of Corporation as currently filed with the Flori	da Dept. of State)		•
	N08000009542		
(Document No	umber of Corporation (if k	nown)	
Pursuant to the provisions of section 617,1006, Florida Stamendment(s) to its Articles of Incorporation:	atutes, this Florida Not Fo	or Profit Corporation adopts the following	g
A. If amending name, enter the new name of the corp.	oration:		
		The new	
name must he distinguishable and contain the word "cort "Company" or "Co." may not be used in the name.	ooration" or "incorporate	d" or the abbreviation "Corp." or "Inc."	
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRE	ESS)		-
			-
	<del></del>	202	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		021 KOV	
		9	[
		AH D	
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 offi	ce address:	9	,
Nume of New Registered Agent:			-
		lorida street address)	-
New Revisiered Office Address:			
		, Florida	_
	(City)	(Zip Code)	
New Registered Agent's Signature, if changing Registe I hereby accept the appointment as registered agent. I am		t the obligations of the position.	
<del></del>	Signature of New Pagie	tored Assent 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         John Do           V         Mike Jo           SV         Sally Sr	nes	
Type of Action (Check One)	Title	<u>Name</u>	Address
1) Change Add	<u>P</u>	MARCELO O ALMEIDA	10320 WATERSIDE CT PARKLAND. FL 22076
× Remove			
2) <u>×</u> Change Add	<u>P. D</u>	MARCIO COSTA	2009 NW 49TH AVE COCONUT CREEK, FL 33063
Remove 3 ) Change	VP	PAULO CAPPARELLI	1758 HAMMOCK BLVD COCONUT CREEK, FL 33063
4) Change Add	D	RAMON ALMEIDA	4130 NW 88TH AVE, APT 205 CORAL SPRINGS, FL 33065
Remove 5) Change Add			
Remove 6) Change Add			
E. If amending or addir (attach additional shee		icles, enter change(s) here: (Be specific)	
			· · · · · · · · · · · · · · · · · · ·

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The date of each amendment(s) adoption:  date this document was signed.	, if other than the
Effective date if applicable:  (no more than 90 days after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will no document's effective date on the Department of State's records.	or he listed as the
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 09 2021 Signature × × Marcio Alves da Casta
(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)
MARCIO COSTA
(Typed or printed name of person signing)
DIRECTOR / PRESIDENT
(Title of person signing)