WW0/03/6

•	
(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
, (Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: Bread of Life N	/linistry, Inc.	
DOCUMENT NUMBER: N08000010316		
The enclosed Articles of Amendment and fee are	submitted for filing.	
Please return all correspondence concerning this	matter to the following:	
David Nicoletto		
(Name of	Contact Person)	
Bread of Life Ministry, Inc.		
(Firm)	/ Company)	
5700 SW 127 Ave. #1212		
(A	Address)	
Miami, FL 33183	and Zin Coda)	
For further information concerning this matter, pl	e and Zip Code)	
David Nicoletto	at (786) 301-290	05
(Name of Contact Person)	(Area Code & Daytime	: Telephone Number)
Enclosed is a check for the following amount made	de payable to the Florida Dep	partment of State:
\$35 Filing Fee \$43.75 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 Claracter Claracter Security Tallahassee, FL 32301	ircle

Articles of Amendment to Articles of Incorporation of

2000 L. E.D.
103/1/AV
TALLAHASSEE, BY GATE

	of Life Minis		Signal Signal
(Name of Corporation as curr	ently filed with	the Florida Dept. of St	ate)
· · · · · · · · · · · · · · · · · · ·	N08000010	316	B
(Document Nur	nber of Corporat	ion (if known)	
rsuant to the provisions of section 617.1006, following amendment(s) to its Articles of In	ncorporation:		Profit Corporation adop
If amending name, enter the new name o	of the corporation	<u>n:</u>	
e new name must be distinguishable and c breviation "Corp." or " Inc." <u>"Company" (</u>			corporated" or the
Enter new principal office address, if apprincipal office address <u>MUST BE A STREE</u>			·
Enter new mailing address, if applicable			
(Mailing address MAY BE A POST OFFI	<u>(CE BOX</u>)	***************************************	
If amending the registered agent and/or	registered office	address in Florida, en	ter the name of the
new registered agent and/or the new regi	istered office ad	<u>dress:</u>	
Name of New Registered Agent:			_
New Registered Office Address:	(Flor	ida street address)	
			. Florida
	•	(City)	, Florida (Zip Code)
w Registered Agent's Signature, if changi ereby accept the appointment as registere- ition.			ept the obligations of t
-	Signature of New	Registered Agent, if ch	anging

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
CEO	David Nicoletto	5700 SW 127 Ave. #1212 Miami, FL 33183	■
SEC	Carmen Nicoletto	5700 SW 127 Ave. #1212 Miami, FL 33183	Add Remove
			Add Remove
E. If amend (attach ad	ding or adding additional Articles, dditional sheets, if necessary). (Be	enter change(s) here: specific)	
•			

The date of each amendment(s) adoption: April 27, 2009			
Effective date if applicable:			
	(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 Apr	il 27, 2009		
Signature			
	the chairman or vice chairman of the board, president or other officer-if directors		
	ve not been selected, by an incorporator - if in the hands of a receiver, trustee, or		
oth	er court appointed fiduciary by that fiduciary)		
	Carlos A. Garcia		
	(Typed or printed name of person signing)		
	President		
	(Title of person signing)		