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## **COVER LETTER**

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: MINISTERIO LUYERNACIONAL CASA DE CRAZION,
DOCUMENT NUMBER: NO8000011352
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
ANDRES WEIRA-SEIDENFAN (Name of Contact Person)
(Name of Contact Person)
(Firm/ Company)
11251 SW 112 CIRCLE LANE E.
(Address)
MIAMI, FL 33176
(City/ State and Zip Code)
Palabrade & racia @ aol. Com  E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
(Name of Contact Person)  at (305) 557-1586  (Area Code) (Daytime Telephone Number)
Enclosed is a check for the following amount made payable to the Florida Department of State:
S35 Filing Fee  Certificate of Status  Certified Copy (Additional copy is enclosed)  Certified Copy (Additional Copy is Enclosed)  S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is Enclosed)
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center Circle Tallahassee, FL 32301

## **Articles of Amendment**

to

**Articles of Incorporation** 

MINISTERIO NERNACION	THE CASA DE ORAZION, /XC
(Name of Corporation as current	ly filed with the Florida Dept. of State)
N080000	11352
	r of Corporation (if known)
Pursuant to the provisions of section 617.1006, Florida Statutes amendment(s) to its Articles of Incorporation:	s, this Florida Not For Profit Corporation adopts the following
A. If amending name, enter the new name of the corporation	RACIA, NC The news
name must be distinguishable and contain the word "corporati	on" or "incorporated" or the abbreviation "Corp." or "Inc. ""
"Company" or "Co." may not be used in the name.	E 3
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u> )	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	11251 SW 112 CIR, LANE E. MIANI, FL 33176
D. If amending the registered agent and/or registered office new registered agent and/or the new registered office act Name of New Registered Agent:	
New Registered Office Address:	(r ioriaa street uaaress)
	(City), Florida 33176 (City) (Zip Code)
New Registered Agent's Signature, if changing Registered .  I hereby accept the appointment as registered agent. I am fan	niliar with and accept the obligations of the position.
$Si_{i}$	guature 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)

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		Doe Jones Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change Add Remove	D	CARHON SOTO	9601 FOUNTAINBLE BLUD. APT. 7 MIAMI, FL 33172
2) Change Add Remove	D	MARIA CASTRO	2490 W, 4 CT. APT. 8 HIALEAH, FL 330/2
3 ) X_ Change Add Remove	PD	JUAN NEIRA (NAME CHANGE)	
4) Change Add Remove	PD	AUDRES NEIRA-SEI	MAMI, FL 33/76
5) X Change Add Remove	STD	HILDA NEIRA (ADDRESS CHANGE	11251 SW 1120ir. LANE 11251 SW 1120ir. LANE 11251 SW 1120ir. LANE
6) Change	<del></del>		
Remove	,		

amending or adding addition and addition and additional sheets, if neces	sary). (Be spec	cific)			
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	the date of each amendment(s) adoption:  Oct. 11, 2016  Oct. 14, 2016  Oct. 14, 2016	, if other than the
Effe	ffective date if applicable:  (no more than 90 days after amendment file date)	
Not doc	nte: If the date inscrted in this block does not meet the applicable statutory filing requirements, this date ocument's effective date on the Department of State's records.	will not be listed as the
Ada	doption of Amendment(s) (CHECK ONE)	
X	The amendment(s) was/were adopted by the members and the number of votes cast for the amendmen was/were sufficient for approval.	t(s)
	There are no members or members entitled to vote on the amendment(s). The amendment(s) was/wer adopted by the board of directors.	c
	Dated 057. 14, 12016 Signature	
	(By the chairman or vice chairman of the board, president or other officer-if directo have not been selected, by an incorporator – if in the hands of a receiver, trustee, o other court appointed fiduciary by that fiduciary)	
	AUDRES NEIRA-SEIDEMAN (Typed or printed name of person signing)	_
٠		
	(Title of person signing)	_
	(Time of person signing)	