## N0900001162

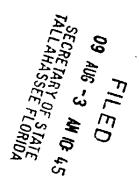
| (Requ                                 | iestor's Name)         |
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| PICK-UP                               | WAIT MAIL              |
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| (Docu                                 | ment Number)           |
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| Certified Copies                      | Certificates of Status |
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| Special Instructions to Fili          | ing Officer:           |
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Office Use Only



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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

| NAME OF CORPO                           | RATION: MINISTERIO                           | AVIVAMIENTO CRISTI                                                | ANO INT'L INC.                                                                                      |
|-----------------------------------------|----------------------------------------------|-------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|
| DOCUMENT NUM                            | BER: P09000001162                            |                                                                   |                                                                                                     |
| The enclosed Articles                   | s of Amendment and fee are sul               | bmitted for filing.                                               |                                                                                                     |
| Please return all corre                 | espondence concerning this ma                | tter to the following:                                            |                                                                                                     |
|                                         | VIRGIN                                       | IIA LANTIGUA                                                      |                                                                                                     |
|                                         | (Name of                                     | f Contact Person)                                                 |                                                                                                     |
| <del></del>                             | (Fire                                        | n/ Company)                                                       |                                                                                                     |
|                                         |                                              | W 102 STREET Address)                                             |                                                                                                     |
|                                         |                                              | ,                                                                 |                                                                                                     |
| - · · · · · · · · · · · · · · · · · · · |                                              | AI, FL 33196<br>ate and Zip Code)                                 |                                                                                                     |
| <del></del>                             | E-mail address: (to be use                   | ed for future annual report notific                               | ation)                                                                                              |
| For further information                 | on concerning this matter, pleas             | se call:                                                          |                                                                                                     |
| VIRGINIA LANTI                          | GUA                                          | at ( 305 ) 303-891                                                | 11                                                                                                  |
| (Name                                   | of Contact Person)                           | (Area Code & Day ti                                               | me Telephone Number)                                                                                |
| Enclosed is a check f                   | or the following amount made                 | payable to the Florida Departmen                                  | t 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<br>Certificate of Status<br>Certified Copy<br>(Additional Copy<br>is enclosed) |
|                                         | ing Address ndment Section                   | Street Address Amendment Section                                  |                                                                                                     |
|                                         | tion of Corporations                         | Division of Corporation                                           | ons                                                                                                 |
|                                         | Box 6327                                     | Clifton Building                                                  |                                                                                                     |
| Talla                                   | hassee, FL 32314                             | 2661 Executive Cente                                              | r Circle                                                                                            |

Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of

| MINISTERIO AVIVAMIE                                                                                                                                                                                                            | NTO CRIS                    | STIANO INT'L INC                                                | 1 5 00 O                 |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------|-----------------------------------------------------------------|--------------------------|
| (Name of Corporation as curren                                                                                                                                                                                                 | tly filed with t            | the Florida Dept. of Star                                       |                          |
| 77.77.77.77.77.77.77.77.77.77.77.77.77.                                                                                                                                                                                        |                             |                                                                 |                          |
| (Document Numb                                                                                                                                                                                                                 | er of Corporati             | ion (if known)                                                  | SE OF B                  |
| Pursuant to the provisions of section 617.1006, Fi<br>the following amendment(s) to its Articles of Inco                                                                                                                       | orporation:                 |                                                                 | ofit Corporation adopted |
| A. If amending name, enter the new name of t                                                                                                                                                                                   | he corporation              | <u>n:</u>                                                       | ,                        |
| The new name must be distinguishable and con abbreviation "Corp." or "Inc." "Company" or                                                                                                                                       |                             |                                                                 | rporated" or the         |
| <ul> <li>B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)</li> <li>C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)</li> </ul> |                             | 15815 SW 102 STREET                                             |                          |
|                                                                                                                                                                                                                                |                             | MIAMI, FL 33196                                                 |                          |
|                                                                                                                                                                                                                                |                             | SAME AS ABOVE                                                   |                          |
| D. If amonding the project and accord and for many                                                                                                                                                                             | -isto work w <b>iff</b> ing | address in 171, side and                                        | and the name of the      |
| D. If amending the registered agent and/or registered agent and/or the new registered.                                                                                                                                         |                             |                                                                 | er the name of the       |
| Name of New Registered Agent:                                                                                                                                                                                                  | VIRGINIA LANTIGUA           |                                                                 | _                        |
|                                                                                                                                                                                                                                | 15815 S                     | SW 102 STREET                                                   |                          |
| New Registered Office Address:                                                                                                                                                                                                 | (Florida street address)    |                                                                 | _                        |
| _                                                                                                                                                                                                                              |                             | MIAMI                                                           | _, Florida 33196         |
|                                                                                                                                                                                                                                |                             | (City)                                                          | (Zip Code)               |
| New Registered Agent's Signature, if changing I hereby accept the appointment as registered position.  Signature, if changing I hereby accept the appointment as registered of the position.                                   | gent. I am<br>MM            | gent: familiar with and accep  fully  Registered Agent, If chai | <u> </u>                 |

Page 1 of 3

## 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> | Name                                                                                             | <u>Address</u>                         | Type of Action    |
|--------------|--------------------------------------------------------------------------------------------------|----------------------------------------|-------------------|
| PD           | Marino Veras                                                                                     | 6950 NW 186 St #314                    | □ Add             |
| <del></del>  | <del></del>                                                                                      | Miami, Fl 33015                        | ☑ Remove          |
|              |                                                                                                  |                                        |                   |
| SD           | Damaris Veras                                                                                    | 6950 NW 186 St # 314                   | □ Add ·           |
|              |                                                                                                  | Miami, FL 33015                        | ☐ Remove          |
|              |                                                                                                  |                                        |                   |
| VP Jose A. I | Jose A. Lopez                                                                                    | 11636 SW 153 Ave                       | ✓ Add             |
|              |                                                                                                  | Miami, Fl 33196                        | ☐ Remove          |
|              |                                                                                                  |                                        |                   |
| (attach      | nding or adding additional Art<br>additional sheets, if necessary).<br>Veras and Damaris Veras a |                                        | organization.     |
| Virginia '   | V. Lantiqua who is the VP i                                                                      | will now be the PD and the registered  | d agent           |
|              |                                                                                                  |                                        |                   |
| Jose A.      | opez will now be the VP. I                                                                       | Lucy Palacios is also resigning as the | e organizations   |
| registere    | d agent. The new agent no                                                                        | ow is Virginia V. Lantigua 15815 SW    | 102 street, Miami |
| Florida 3    | 3106                                                                                             |                                        |                   |
| riolida 3    | 3 190.                                                                                           |                                        |                   |
| **           |                                                                                                  |                                        |                   |
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|              |                                                                                                  |                                        |                   |
|              |                                                                                                  |                                        |                   |

| The date of each amendmen                             | t(s) adoption: 07/24/09                                                                                                                                                                                                                                  |
|-------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Effective date <u>if applicable</u> :                 | (date of adoption is required) 07/24/09                                                                                                                                                                                                                  |
|                                                       | (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.                                                                                                                                                                         |
| Signature(By                                          | Y 24, 2009  Indian I military  the chairman or vice chairman of the board, president or other officer-if directors or not been selected, by an incorporator – if in the hands of a receiver, trustee, or er court appointed fiduciary by that fiduciary) |
|                                                       | VIRGINIA LANTIGUA (Typed or printed name of person signing)                                                                                                                                                                                              |
|                                                       | VICE PRESIDENT                                                                                                                                                                                                                                           |
|                                                       | (Title of person signing)                                                                                                                                                                                                                                |

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