N09000003392

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
09 MAY 14 PM 12:50

T Roberts MAY 20 2009

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: MINISTERIO JESUCRISTO ES EL SEÑOR, ASAMBLEAS DE DIOS, INC.

DOCUMENT NUMBER: N09000003392

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

Please return all correspondence concerning this matter to the following:

LOYDA E. MARTINEZ
(Name of Contact Person)

(Firm/ Company)

P.O. BOX 161336
(Address)

HIALEAH, FL 33016
(City/ State and Zip Code)

For further information concerning this matter, please call:

LOYDA E. MARTINEZ at (786) 202-0015
(Name of Contact Person) (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 JESUCRISTO ES EL SEÑOR, ASAMBLEAS DE DIOS, INC.
(Name of Corporation as currently filed with the Florida Dept. of State)

N09000003392
(Document Number of Corporation (if known)

FILED
09 MAY 14 PM 12:50
SECRETARY OF STATE
DIVISION OF CORPORATIONS

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)

6491 W. 2 AVE.
HIALEAH, FL 33012

C. Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)

P.O. BOX 161336
HIALEAH, FL 33016

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: LOYDA E. MARTINEZ

New Registered Office Address: 6491 W. 2 AVE.
(Florida street address)

HIALEAH, Florida 33012
(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.

Loyda E. Martinez
Signature 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)

Title	Name	Address	Type of Action
P	ABRAIRA, LOYDA E.	10101 W. OKEECHOBEE #15101 HIALEAH, FL 33016	☐ Add ☒ Remove
P	MARTINEZ, LOYDA E.	6491 W. 2 AVE. HIALEAH, FL 33012	☒ Add ☐ Remove
VT	ABRAIRA, JOEL O.	10101 W. OKEECHOBEE #15101 HIALEAH, FL 33016	☐ Add ☒ Remove

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

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)

Title	Name	Address	Type of Action
S/T	ABRAIRA, JOEL O.	6491 W. 2 AVE HIALEAH, FL 33012	☒ Add ☐ Remove
S.	DESVERGUNAT ABRAHAM	2990 SW 19 ST. MIAMI, FL 33145	☐ Add ☒ Remove
D	DESVERGUNAT ABRAHAM	2990 SW 19 ST. MIAMI, FL 33145	☒ Add ☐ Remove

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: 5/12/09

Effective date if applicable: 5/12/09
(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 MAY 12, 2009

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)

LOYDA E. MARTINEZ
(Typed or printed name of person signing)

PRES.
(Title of person signing)