## N09000004948

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SECRETARY OF STATE AND ASSEC, FLUX.

## COVER LETTER

TO: Amendment Section Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

MINSITERIO INT	TERNACIONAL REVON	ADOS EN	CRISTO, INC.
N09000004948			
DOCUMENT NUMBER:			
The enclosed Articles of Amendment and fee are su	bmitted for filing.		
Please return all correspondence concerning this ma	atter to the following:		
RAFAEL A MARTINEZ			
-	(Name of Contact Perso	n)	
MINISTERIO INTERNACIONAL RENOVADOS	EN CRISTO, INC		
	(Firm/ Company)		<del> </del>
602 W 26TH ST S			
	(Address)		
WICHITA, KS, 67217			
	(City/ State and Zip Cod	de)	
MR-MARTZ@HOTMIAL.COM			
E-mail address: (to be us	ed for future annual report	notificatio	n)
For further information concerning this matter, plea-	se call:		
RAFAEL A MARTINEZ		50	964-7203
(Name of Contact Perso	m) at (A	rea Code)	(Daytime Telephone Number)
Enclosed is a check for the following amount made	payable to the Florida Dep	partment of	State:
■ \$35 Filing Fee □\$43.75 Filing Fee & Certificate of Status		Certif Certif	0 Filing Fee Teate of Status Ted Copy Tional Copy is Oned)
Mailing Address		Address	
Amendment Section Division of Corporations		dment Section of Corpo	

2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

The Centre of Tallahassee

## **Articles of Amendment** Articles of Incorporation of

	Articles of Amendment	ŧ	
	to	ı	
•	Articles of Incorporatio	n	3
ANNIETERIO INFERRIA CIONA I DEVONATOR E	of	TĂL	SF (25)
MINISTERIO INTERNACIONAL REVONADOS E			C ====================================
Name of Corporation as currently filed with the Fl	lorida Dept. of State)	T.	2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
<del>109000004948</del>		<del>ن</del> ن	- \
(Documen	t Number of Corporation	(if known)	19 <b>3</b>
ursuant to the provisions of section 617,1006, Florida	a Statutes, this <i>Florida Ne</i>	ot For Profit Corporation adopts	JIL following
nendment(s) to its Articles of Incorporation:			26 <b>09</b>
. If amending name, enter the new name of the co	orporation:		• •
IINISTERIO INTERNACIONAL RENOVADOS EI	N CRISTO, INC.		The new
ame must be distinguishable and contain the word "c	corporation" or "incorpo	rated" or the abbreviation "Corp	
Company" or "Co," may not be used in the name.			
Enter new principal office address, if applicable	N/A		
Principal office address <u>MUST BE A STREET ADL</u>	DRESS ) <sub>N/A</sub>		
		<u></u>	
	N/A	<del></del>	
. Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BO	<u>N/A</u>		
	N/A		
	N/A		<del></del>
o. If amending the registered agent and/or register	red office address in Flo	orida, enter the name of the	
new registered agent and/or the new registered	office address:		
Name of New Registered Agent:	/A		
N/	'A		
<del></del>		(Florida street address)	<del></del>
New Registered Office Address:			
N	/A	, Florida N/A	•
	(City)	(Zip Code,	)
New Registered Agent's Signature, if changing Reg	intered America		
hereby accept the appointment as registered agent.		ccept the obligations of the positi	on.
	. 1	1.	
	N	IA .	
	Signature of New R	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 Doc 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 Doc, 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 De           V         Mike Jo           SV         Sally Sr	nes	
Type of Action (Check One)	Title	Name	<u>Addres</u> s
1) N/A Change N/A Add	<u>N/A</u>	N/A	N/A N/A
NA Remove  2) N/A Change	N/A	N/A	N/A
N/A Add			N/A
N/A Remove Change N/A Add N/A Remove	<u>N/A</u>	N/A	N/A N/A N/A N/A
4) N/A Change	<u>N/A</u>	N/A	N/A N/A
N/A Remove			N/A
5) N/A Change	N/A	N/A	N/A N/A
N/A Remove			N/A
6) N/A Change Add	N/A	N/A	N/A N/A
N/A Remove			N/A
E. If amending or additional sheet	ng additional Arti ets. if necessary).	cles, enter change(s) here: (Be specific)	
N/A			
			_

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		<del>.</del>
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		<del></del>
The date of each amendment date this document was signed	t(s) adoption: MARCH 15TH 2022	, if other than the
	MARCH 15TH 2022	
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	
	nis block does not meet the applicable statutory filing requirements, the Department of State's records.	his date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
	vere adopted by the members and the number of votes cast for the am	nendment(s)
was/were sufficient for a	pproval.	icianom()

3	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 MARCH 15TH 2022
	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)
	RAFAEL A MARTINEZ
	(Typed or printed name of person signing)
	TRESURER
	(Title of person signing)