

NO90000008481

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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☐ WAIT

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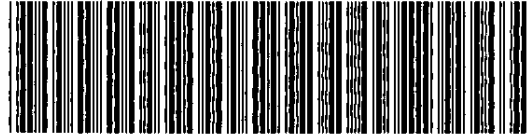
(Business Entity Name)

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STATE OF TEXAS  
DIVISION OF COMMERCE

C.L.  
5-15-15



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

March 2, 2015

MIRIAM E. MAGALLANES  
4536 PINE TREE DR  
DELRAY BEACH, FL 33445 US

SUBJECT: MINISTERIO INTERNACIONAL JESUCRISTO DIOS DE PACTOS  
INC  
Ref. Number: N09000008481

We have received your document for MINISTERIO INTERNACIONAL JESUCRISTO DIOS DE PACTOS INC. However, upon receipt of your document no check was enclosed. Please send a check or money order payable to the Department of State for \$43.75. Your document will be retained in our pending file. Please return a copy of this letter to ensure that your check is properly credited.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Carolyn Lewis  
Regulatory Specialist II

Letter Number: 715A00004223

**COVER LETTER**

TO: Amendment Section  
Division of Corporations

NAME OF CORPORATION: MINISTERIO INTERNACIONAL JESUCRISTO DIOS DE PACTOS INC

DOCUMENT NUMBER: N09000008481

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

Please return all correspondence concerning this matter to the following:

**MIRIAM E MAGALLANES**

(Name of Contact Person)

(Firm/ Company)

**4536 PINE TREEE DR**

(Address)

**DELRAY BEACH, FL 33445**

(City/ State and Zip Code)

**MARCOS@THEWAYGROUP.BIZ**

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MARCOS REZENDE

(Name of Contact Person)

at ( 954 ) 427-4770

(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

RECEIVED

15 FEB 27 PM 3:55

Articles of Amendment  
to  
Articles of Incorporation  
of

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

15 MAY 11 AM 8:44

MINISTERIO INTERNACIONAL JESUCRISTO DIOS DE PACTOS INC

(Name of Corporation as currently filed with the Florida Dept. of State)

N09000008481

(Document Number of Corporation (if known))

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)

**C. Enter new mailing address, if applicable:**

(Mailing address MAY BE A POST OFFICE BOX)

**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: \_\_\_\_\_

\_\_\_\_\_  
(Florida street address)

New Registered Office Address:

\_\_\_\_\_, Florida \_\_\_\_\_  
(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.

\_\_\_\_\_  
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)*

*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:

<input checked="" type="checkbox"/> Change	<u>PT</u>	<u>John Doe</u>
<input checked="" type="checkbox"/> Remove	<u>V</u>	<u>Mike Jones</u>
<input checked="" type="checkbox"/> Add	<u>SV</u>	<u>Sally Smith</u>

<u>Type of Action</u> (Check One)	<u>Title</u>	<u>Name</u>	<u>Address</u>
1) <input type="checkbox"/> Change	_____	_____	_____
<input type="checkbox"/> Add			_____
<input type="checkbox"/> Remove			_____
2) <input type="checkbox"/> Change	_____	_____	_____
<input type="checkbox"/> Add			_____
<input type="checkbox"/> Remove			_____
3 ) <input type="checkbox"/> Change	_____	_____	_____
<input type="checkbox"/> Add			_____
<input type="checkbox"/> Remove			_____
4) <input type="checkbox"/> Change	_____	_____	_____
<input type="checkbox"/> Add			_____
<input type="checkbox"/> Remove			_____
5) <input type="checkbox"/> Change	_____	_____	_____
<input type="checkbox"/> Add			_____
<input type="checkbox"/> Remove			_____
6) <input type="checkbox"/> Change	_____	_____	_____
<input type="checkbox"/> Add			_____
<input type="checkbox"/> Remove			_____

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

## ARTICLE IX - DISSOLUTION OF THIS ORGANIZATION

SAID ORGANIZATION IS ORGANIZED FOR CHARITABLE, RELIGIOUS, EDUCATIONAL, AND SCIENTIFIC PURPOSES,

INCLUDING, FOR SUCH PURPOSES, THE MAKING OF DISTRIBUTIONS THAT QUALIFY AS EXEMPT

ORGANIZATIONS UNDER SECTION 501.C.3 OF THE INTERNAL REVENUE CODE, OR CORRESPONDING

SECTION OF ANY FUTURE FEDERAL TAX CODE.

UPON THE DISSOLUTION OF THE ORGANIZATION, ASSETS SHALL BE DISTRIBUTE FOR ONE OR MORE

EXEMPT PURPOSES WITHIN THE MEANING OF SECTION 501 (C) (3) OF THE INTERNAL REVENUE

CODE, OR CORRESPONDING CODE, OR CORRESPONDING SECTION OF ANY FUTURE FEDERAL

TAX CODE, OR SHALL BE DISTRIBUTED TO THE FEDERAL GOVERNMENT, OR STATE OR LOCAL

GOVERNMENT, OR STATE OR LOCAL GOVERNMENT FOR A PUBLIC PURPOSE.

ANY SUCH ASSETS NOT DISPOSED OF SHALL BE DISPOSED OF BY COURT OF COMMON PLEAS OF THE

COUNTY IN WHICH THE PRINCIPAL OFFICE OT THE ORGANIZATION IS THEN LOCATED,

EXCLUSIVELY FOR SUCH PURPOSES OR TO SUCH OR ORGANIZATION OR ORGANIZATIONS, AS SAID

COURT SHALL DETERMINE, WHICH ARE ORGANIZED AND OPERATED EXCLUSIVELY FOR

SUCH PURPOSES.

The date of each amendment(s) adoption: 01/01/2015  
date this document was signed.

SECRETARY OF STATE  
DIVISION OF CORPORATIONS, if other than the

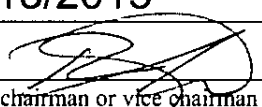
Effective date if applicable: 01/01/2015  
(no more than 90 days after amendment file date)

15 MAY 11 AM 8:44

**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 01/13/2015

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)

**MIRIAM E MAGALLANES**

(Typed or printed name of person signing)

**DIRECTOR**

(Title of person signing)