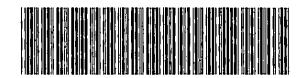
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COVER LETTER

TO: Amendment Section
Division of Corporations

Tallahassee, FL 32314

NAME OF CORPORATION:	ENTECOSTAL REST	AUKANDO	LEVANTANDO MINISTERIOS I?
DOCUMENT NUMBER:			
The enclosed <i>Articles of Amendment</i> and fee are sul	bmitted for filing.		
Please return all correspondence concerning this mat	tter to the following:		
LUCIA GARCIA			
	(Name of Contact P	erson)	· · · · · · · · · · · · · · · · · · ·
MOVIMIENTO PENTECOSTAL RESTAURAND	O Y LEVANTANDO	MINISTERIO	os
	(Firm/ Compan	y)	· · · · · · · · · · · · · · · · · · ·
4733 W. WATERS AVE APT 1712			
	(Address)		
TAMPA, FL 33614			
	(City/ State and Zip	Code)	
ATSEZ1040@YAHOO.COM			
E-mail address: (to be use	ed for future annual re	port notification	on)
For further information concerning this matter, pleas	e call:		
JUAN MACIAS	at		774-0780
(Name of Contact Perso		(Area Code)	(Daytime Telephone Number)
Enclosed is a check for the following amount made p	payable to the Florida	Department of	State:
\$35 Filing Fee		Certi is Certi (Add	50 Filing Fee ficate of Status fied Copy litional Copy is osed)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327	Ai Di	reet Address mendment Sec vision of Corp ifton Building	orations

2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation

οf

MOVIMIENTO PENTECOSTAL RESTAURANDO Y LEVANTANDO MINISTERIOS INC (Name of Corporation as currently filed with the Florida Dept. of State) N09000009800 (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: 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: X Change X Remove X Add	PT John D V Mike J SV Sally S	<u>ones</u>	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) X Change	<u>S</u>	JUAN MACIAS	
Add			
Remove			
2) Change	AP	GONZALEZ VASQUEZ, CARLOS	
Add			
X Remove			
3) Change			
Add			
Remove			
4) Channa			
4) Change			-
Add Remove			
5) Change			
Add			
Remove			
6) Change			
Add			, <u>, , , , , , , , , , , , , , , , , , </u>
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Remove			

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		03/26/2018	
	date of each amer this document was	dment(s) adoption:signed.	_, if other than the
Effe	ective date <u>if appli</u> e	rable:	,
		(no more than 90 days after amendment file date)	
		ed in this block does not meet the applicable statutory filing requirements, this date will not but on the Department of State's records.	oe listed as the
Adoption of Amendment(s)		ent(s) (<u>CHECK ONE</u>)	
	The amendment(s was/were sufficient	was/were adopted by the members and the number of votes east for the amendment(s) t for approval.	
	There are no mem adopted by the bo	bers or members entitled to vote on the amendment(s). The amendment(s) was/were ard of directors.	
	Dated	03/26/2018	
	Signature	Lucia Cari	_
		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)	
		LUCIA GARCIA	
		(Typed or printed name of person signing)	
		PRESIDENT	
		(Title of person signing)	