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TO: Amendment Section **Division of Corporations**

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NAME OF CORPORATION: Ministerio I	internacional Misio	nero 19 Mano	de 1105
Toerle act	GIEIDITHC.		
DOCUMENT NUMBER: NO 9000C	11 260		
The enclosed Articles of Amendment and fee are submi	itted for filing.		
Please return all correspondence concerning this matter	to the following:		
Juan-Carlos So (Name of Co	andino		
(Name of Co	ontact Person)		
La Protector			
			
(Firm/C	Company)		
1507 N State RA 7	I Suite G		
1507 N State Rd (Ad	dress)		
Margate FL - (City/ State)	33063		
(City/ State	and Zip Code)		
1 aprotectore a como E-mail address: (to be used f	ast. net or future annual report notificat	ion)	
For further information concerning this matter, please care			
Juan- (pylos Sandino (Name of Contact Person)	_at (e Telephone Number)	
Enclosed is a check for the following amount made pay	able to the Florida Department of	of State:	
\$35 Filing Fee	☐ \$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 Corporation Clifton Building 2661 Executive Center (s	

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

Ministerio Internacional Misionero (Name of Corporation as currently filed with	k Mano de Dios n the Florida Dept. of Stat	p Prenta del Cielo, Inc.		
No 90000 11260 (Document Number of Corpora	ation (if known)			
Pursuant to the provisions of section 617.1006, Florida Statute the following amendment(s) to its Articles of Incorporation:	es, this <i>Florida Not For Pr</i> o	ofit Corporation adopts		
A. If amending name, enter the new name of the corporation of the corp	Mano da Dios de "corporation" or "inco	Puerto del (ielo, Inc rporated" or the		
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>)				
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		1911 EM 9: 43		
D. If amending the registered agent and/or registered office new registered agent and/or the new registered office ac		er the name of the		
Name of New Registered Agent:		_		
New Registered Office Address: (Flo	rida street address)	-		
	(City)	, Florida (Zip Code)		
New Registered Agent's Signature, if changing Registered I hereby accept the appointment as registered agent. I an position.	n familiar with and accept			
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)

<u>Title</u>	<u>Name</u>	Address	Type of Action
			☐ Add ☐ Remove
			☐ Add☐ Remove
E. <u>If amer</u> (attach a	nding or adding additional Articland distinct additional sheets, if necessary).	es, enter change(s) here : (Be specific)	
		· · · · · · · · · · · · · · · · · · ·	
			···

The date of each amendment(s) adoption:	4	14	11			
	(date c	of adop	ion is req	uired)		
Effective date <u>if applicable</u> : (no mor	e than 90	days aj	fter amena	lment file d	ate)	
Adoption of Amendment(s) (CH	ECK ON	<u>(E</u>)				
The amendment(s) was/were adopted by the was/were sufficient for approval.	members	and the	number o	of votes cas	t for the amer	idment(s)
There are no members or members entitled adopted by the board of directors.	o vote on	the am	endment(s). The amo	endment(s) w	as/were
Dated 4 4 11 Signature Interest	Jung					
(By the chairman or what have not been selected other court appointed	ed, by an	incorpo	orator – if	in the hand		
			ne of pers	CY O)	
Pr	esid (Title o		- 1 signing)			