N10000010361

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORP	ORATION	Ministeri	io Nuevo	Pacto, In	nc.
DOCUMENT NUI	MBER:	N1000	00 10361		
The enclosed Articl	es of Ameno	Iment and fee are s	submitted for filing.		
Please return all cor	respondence	concerning this m	natter to the following	ng:	
		Roque A	Jarquez of Contact Person)		
	Mi	nisterio A	Juevo Pac- rm/Company)	to, Inc.	
	371	6 7th :	S+ W (Address)		
	Le	high Acre	2S, FL 33 State and Zip Code)	171	
	Cas E-ma	tanera 7	96 yahoo sed for future annu) · CO M al report notificati	on)
For further informate	ion concern	ing this matter, plea	ase call:		
Rogu	e of Contact	GUEZ Person)	at (<u>239</u> (Area	Node & Daytime	5915 Telephone Number)
Enclosed is a check	for the follo	wing amount made	e payable to the Flor	rida Department o	of State:
\$35 Filing Fee	Certific	75 Filing Fee & ate of Status	□ \$43.75 Fil Certified Cop (Additional c enclosed)	ру	☐ \$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Am- Div P.O	endment Sect sion of Corp Box 6327 ahassee, FL 3	ion orations	Amer Divis Cliftc 2661	et Address indment Section sion of Corporations on Building Executive Center C hassee, FL 32301	

Articles of Amendment Articles of Incorporation

N1000010361 (Document Number of Corporation (if known)

Pursuant to the provisions of section 617.100 the following amendment(s) to its Articles of	26, Florida Statutes, this Florida Not For Profit Corporation adopts
the following amendment(s) to its Afficies of	incorporation.
A. If amending name, enter the new name	of the corporation:
N/A	
The new name must be distinguishable and abbreviation "Corp." or "Inc." "Company"	contain the word "corporation" or "incorporated" or the or "co." may not be used in the name.
B. Enter new principal office address, if a	pplicable:
(Principal office address <u>MUST BE A STRE</u>	EET ADDRESS)
C. Enter new mailing address, if applicab (Mailing address MAY BE A POST OFI	FICE BOX)
	NA
D. If amending the registered agent and/or new registered agent and/or the new re	r registered office address in Florida, enter the name of the gistered office address:
Name of New Registered Agent:	Roque Harquez
New Registered Office Address:	3716 7th St W (Florida street address)
	Lehigh Acres , Florida 33971 (City) (Zip Code)
New Registered Agent's Signature, if change I hereby accept the appointment as register	ging Registered Agent: red 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)

<u>Title</u>	Name	Address	Type of Action
\supset	Rev. Nancy Vera	4413 14th St SW Lehigh Acres, FL 3397	☐ Add ☐ Remove
D	Adalindo Marquez	5470 8th Aye Fort Myers, Fl 33907	Add Remove
NA	N/A	N/A	☐ Add ☐ Remove
	ing or adding additional Articles, enter of ditional sheets, if necessary). (Be specifically additional sheets).		
			
		\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	
		$\mathcal{N}_{\mathcal{I}_{i}}$	
		,	
			

The date of each amendment(s) adoption: _	12/01/2010
	(date of adoption is required)
Effective date <u>if applicable</u> :	12[01] 2010
(no m	ore than 90 days after amendment file date)
Adoption of Amendment(s) (C	HECK ONE)
The amendment(s) was/were adopted by the was/were sufficient for approval.	ne members and the number of votes cast for the amendment(s)
There are no members or members entitled adopted by the board of directors.	d to vote on the amendment(s). The amendment(s) was/were
,	
. //	,
Dated 12/1/2/2	<u> </u>
1//	
Signature ///	r-vice chairman of the board, president or other officer-if directors
	cted, by an incorporator – if in the hands of a receiver, trustee, or
	ed fiduciary by that fiduciary)
••	• •
	Roque Marquez yped or printed name of person signing)
(T	yped or printed name of person signing)
	Director
	(Title of person signing)