N12000000844

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(Cit	ty/State/Zip/Phone	e #)
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COVER LETTER

TO: Amendment Section 'Division of Corporations

Division of Corporations
NAME OF CORPORATION: MINISTERIO INTERNACIONAL VISION DE AGULIA INC
DOCUMENT NUMBER: N1200000844
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
EUGENIO M. GARCIA
(Name of Contact Person)
MINISTERIO INTERNACIONAL VISION DE AGULIA INC
(Firm/ Company)
310 CRESTWOOD CIRCLE, APT 206
(Address)
ROYAL PALM BEACH, FL 33411
(City/ State and Zip Code)
GENEMGARCIA@AOL.COM
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
EUGENIO M GARCIA (Name of Contact Person) at (561) 301 - 7412 (Area Code & Daytime Telephone Number)
(Name of Contact Person) (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount made payable to the Florida Department of State:
\$35 Filing Fee Certificate of Status (Additional copy is enclosed) Certificate of Status Certified Copy (Additional Copy is Enclosed)
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

MINISTERIO INTERNACIONAL VISION DE AGULIA INC

(Name of Corporation as currently filed with the Florida De	pt. of State)	
N12000000844		
(Document Number of Corporation (if	known)	
resuant to the provisions of section 617.1006, Florida Statutes, this <i>F</i> nendment(s) to its Articles of Incorporation:	Torida Not For Profit Corporation adopts the fol	lowing
If amending name, enter the new name of the corporation:		
MINISTERIO INTERNACIONAL VISION D	DE AGUILA INC	he new
ame must be distinguishable and contain the word "corporation" or Company" or "Co." may not be used in the name.		
Enter new principal office address, if applicable: Principal office address MUST BE A STREET ADDRESS ——————————————————————————————————		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		A R. L. W. E. L.
If amending the registered agent and/or registered office address: Name of New Registered Agent:	ess in Florida, enter the name of the	1 12. F.
ew Registered Office Address:	street address)	
	, Florida	
(City)	(Zip Code)	
ew Registered Agent's Signature, if changing Registered Agent: hereby accept the appointment as registered agent. I am familiar w		
Signature of New Registered Ag	zent, ij changing	

Page 1 of 4

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 <math>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	<u>PT</u> <u>V</u> <u>SV</u>	V Mike Jones					
Type of Action (Check One)	<u>Title</u>		Name	Address			
I) Change		_					
Add							
Remove							
2) Change							
Add							
Remove							
3) Change							
		-					
Add							
Remove							
4) Change		_					
Add							
Remove							
							
5) Change		_					
Add							
Remove							
6) Change		_					
Add							
Remove							

attach additional sheets, if necessary).	(Be specific)	
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The date of each amendment(s) adoption: JANUARY 1, 2013					
Effe	ective date if applicable:				
	(no more than 90 days after amendment file date)				
Ado	option 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 04/05/2013 Signature Elever 14				
	(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)				
	EUGENIO M. GARCIA				
	(Typed or printed name of person signing) PRESIDENT				
	(Title of person signing)				