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COVER-LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: Ministerios Agape Internacional INC.
DOCUMENT NUMBER: N 12 0000 22 55
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Febe J. Arias Ramírez (Name of Contact Person)
(Firm/ Company)
5200 Billings St 1121 Gretchen Ave S Suite (Address)
Lehigh Acres FL 33973 (City/State and Zip Code)
(City/ State and Zip Code)
Walterfebeahotmail. com E-mail address: (to be used for future annual report notification)
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Febe I. Arias Ramirez at (239) 745 B282
(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 S43.75 Filing Fee S43.75 Filing Fee Scrtificate of Status Certified Copy (Additional copy is enclosed) \$252.50 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

Articles of Amendment Articles of Incorporation (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 (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	<u>PT</u> Y <u>SY</u>	John Do Mike Jo Sally Sn	nes	N/A		
Type of Action (Check One)	Title		Name	U		Address
1) Change	· · · ·	_			•	
Add					•	
Remove						
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E. If amending or adding additional Article (attach additional sheets, if necessary).	icles, enter change(3) here: (Be specific)
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The	e date of each amendment(s) adoption:	, if other than the	
date	e this document was signed.		
Eff	ective date if applicable:		
	(no more than 90 days after amendment file date)		
	te: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will neument's effective date on the Department of State's records.	ot be listed as the	
Ado	option of Amendment(s) (CHECK ONE)		
略	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 09 15 15		
	Signature		
	(By the charman 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)		
	(Typed or printed name of person signing)		
	VP		
	(Title of person signing)		