N120000/0625

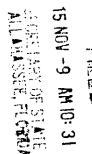
(Req	uestor's Name)	
(Add	ress)	
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(City)	/State/Zip/Phon	ne #)
PICK-UP	☐ WAIT	MAIL
(Bus	iness Entity Na	me)
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Certified Copies	Certificate	es of Status
Special Instructions to F	iling Officer:	
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Amend 11/10/15

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION	ON: MINISTERIO E	VANGGUSTICO INT	ERNACIONAL MISION MAIRA NAT	<u>4 , 1</u> N
DOCUMENT NUMBER:	N 1200001	0625		
The enclosed Articles of An	nendment and fee are subm	nitted for filing.		
Please return all corresponde	ence concerning this matte	r to the following:		
DR	FRANCISCO E.	FUMERO		
		(Name of Contact Person	n)	
Ministerio evan	geustico intern	(Firm/ Company)	N MARANATA, INC.	
11495 W. FLAG	VER STREET			
		(Address)		
MIAMI, FI	33174			
	•	(City/ State and Zip Cod	e)	
2nfubmision For further information conc			notification)	
Douglas may	REA	at	rea Code) (Daytime Telephone Number)	
Enclosed is a check for the f	ollowing amount made pay	yable to the Florida Depa	artment of State:	
□ \$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status		Certificate of Status Certified Copy (Additional Copy is Enclosed)	
Mailing A			Address	
Amendme			lment Section	
	f Corporations		on of Corporations	
P.O. Box (Building	
i aiianasse	e, FL 32314	2061 E	xecutive Center Circle	

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

MINISTERIO EVANGELISTICO INTER	NACIONAL MISION	I MARANATA, INC.
(Name of Corporation as	currently filed with the Flori	da Dept. of State)
N 120000106	25	
(Documer	nt Number of Corporation (if kn	own)
Pursuant to the provisions of section 617.1006, Florida amendment(s) to its Articles of Incorporation:	a Statutes, this Florida Not For	Profit Corporation adopts the following
A. If amending name, enter the new name of the co	orporation:	
NIA		The new
name must be distinguishable and contain the word "c "Company" or "Co." may not be used in the name.	corporation" or "incorporated	" or the abbreviation "Corp." or "Inc."
B. Enter new principal office address, if applicable (Principal office address MUST BE A STREET ADL		FLAGLERST, APTIOG FI, 33174
C. Enter new mailing address, if applicable: (Mailing address <u>MAY BE A POST OFFICE BO</u>	(X)	A:C: 15 NOV
D. If amending the registered agent and/or register new registered agent and/or the new registered		enter the name of the
Name of New Registered Agent:	NIA	<u> </u>
— New Registered Office Address:	(Flo	rida street address)
_	(City)	, Florida (Zip Code)
New Registered Agent's Signature, if changing Reg I hereby accept the appointment as registered agent.	istered Agent:	• •
	N/A Signature of New Registe	ered 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: XChange X Remove X Add	V Mike	n <u>Doe</u> e <u>Jones</u> y <u>Smith</u>	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change	S	MARIA MARGARITA COFRESI	2828 SW 37AUE MIAMI, FI. 33133
Remove			
2) Change	<u>S</u> _	HEDILDA H. ABELLA	11495 W. FLAGLERST
Remove 3) Change Add			MIAMI, FI. 33174
Remove			
4) Change Add			
Remove			
Add			
6) Change Add			
Remove			

E. If amending or adding additional Arti	icles, enter change(s) here:
E. If amending or adding additional Article (attach additional sheets, if necessary).	(Be specific)
11/4	
N/A	
	1,000

The date of each amendment(s) adoption: date this document was signed.	SEPTEMBER 30, 2015	, if other than th
Effective date <u>if applicable</u> :	QCTOBER 1, 2015	
	ore than 90 days after amendment file date)	
Note: If the date inserted in this block does not redocument's effective date on the Department of S	meet the applicable statutory filing requirements, this date will State's records.	not be listed as the
Adoption of Amendment(s) (CHI	ECK ONE)	
The amendment(s) was/were adopted by the was/were sufficient for approval.	e members and the number of votes cast for the amendment(s)	
☐ There are no members or members entitled to adopted by the board of directors.	to vote on the amendment(s). The amendment(s) was/were	
Dated SEPTEMBER	30,2015	
Signature	Bus	<u></u>
	chairman of the board, president or other officer-if directors by an incorporator – if in the hands of a receiver, trustee, or luciary by that fiduciary)	
FRANCISC	Ø E, FumERO	
	(Typed or printed name of person signing)	
PRES	IDENT	
	(Title of person signing)	