N12000011518

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COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Mision CI	ristiana Miai	mi, Inc.	
DOCUMENT NUMBER: N1200001	1518		
The enclosed Articles of Amendment and fee are sub	mitted for filing.		
Please return all correspondence concerning this matt	er to the following:		TAI T
Miguel A. Lopez Jr.			14 SEP 19 AM 11: 20 SECURE PART OF STARRE
	(Name of Contact Person	n)	
Mision Cristiana Mia	mi, Inc.		107 ST
	(Firm/ Company)		20 部后
5600 SW 135 Ave.,	No. 215		73
	(Address)		
Miami, FL. 33183			
	(City/ State and Zip Cod	e)	
mike@mlcorp.	.com		
E-mail address: (to be used	•	notification)	-
For further information concerning this matter, please	call:		
Miguel A. Lopez Jr.	_{*,} 305	752-3500	
(Name of Contact Person)	(Area Co	ode & Daytime Telephone N	(umber)
Enclosed is a check for the following amount made pa	ayable to the Florida Depa	artment of State:	
■ \$35 Filing Fee		☐\$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	Amend Division Clifton 2661 E	Address Iment Section on of Corporations Building executive Center Circle assee, FL 32301	

Articles of Amendment to Articles of Incorporation of

	المعنو مستو	+-
(Name of Corporation as currently filed with the Flor	rida Dept. of State)	_ 32
N12000011518	المراجعة ال المراجعة المراجعة ال	-
(Document Number of Corporation (if known)		
ursuant to the provisions of section 617.1006, Florida Statutes mendment(s) to its Articles of Incorporation:	s, this Florida Not For Profit Corporation adopts the	ie folke
. If amending name, enter the new name of the corporation	on:	>
***		The
ame must be distinguishable and contain the word "corporati Company" or "Co." may not be used in the name.	ion" or "incorporated" or the abbreviation "Corp.	" or "I
	5600 SW 135 Ave No. 215	
B. Enter new principal office address, if applicable: Principal office address MUST BE A STREET ADDRESS)		
, , , , , , , , , , , , , , , , , , , ,	Miami, FL 33183	
. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	5600 SW 135 Ave No. 215	
	Miami, FL. 33183	
. If amending the registered agent and/or registered office new registered agent and/or the new registered office ac Name of New Registered Agent:		
new registered agent and/or the new registered office ac Name of New Registered Agent:		
Name of New Registered Agent:	ldress:	_

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>V</u> <u>Mik</u>	n <u>Doe</u> te Jones y Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change	DP	Miguel Lopez	13780 SW 56 Street
Add			Ste 208
X Remove			Miami, FL. 33175
2) Change	DP	Miguel Lopez Jr.	5600 SW 135 Ave
X			Ste 215
Remove			Miami, FL. 33183
3) Change	***************************************		
Add			A.S.
Remove			SEUNE I
4) Change			7) 77 - Prom
Add			
Remove			STATE PORTO
5) Change			
Add			and the second second second
Remove			
6) Change			
Add			
Remove			

			
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MF-17-12			
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	e date of each amendment(s) ac this document was signed.	loption:	, if other than the
Effe	ective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	
Ado	option of Amendment(s)	(CHECK ONE)	
	The amendment(s) was/were ac was/were sufficient for approve	dopted by the members and the number of votes cast for the	amendment(s)
	There are no members or mem adopted by the board of direct	bers entitled to vote on the amendment(s). The amendment ors.	(s) was/were
	Dated	1/2014 1 1/10h	
	have not be	man or vice chairman of the board, president or other officen selected, by an incorporator — if in the hands of a receive appointed fiduciary by that fiduciary)	er-if directors er, trustee, or
	Miguel A	A. Lopez Jr.	ES 1
	DP	(Typed or printed name of person signing)	SEP -
		(Title of person signing)	9 AHII: 20