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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPORATION	i: <u>Vinci</u>	Abundante	Ministries	Cosp.
DOCUMENT NUMBER:		N 1300000		
The enclosed Articles of Amen	idment and fee are subi	nitted for filing.		
Please return all correspondence	ce concerning this matte	er to the following:		
	Diego	Finando (Name of Contact Person	López.	
	Presidu	4. UIX. (Firm/ Company)	Abandonte	Ministries
	······	(Firm/ Company)		
2020 pal	in bay RD	(Address)		
		(Address)		
Ε	nalm bay	FLorida (City/ State and Zip Code	32905	
	·	(City/ State and Zip Code	e)	
E-n	Dimapaint nail address: (to be used	7 @ gmail.com	1 · notification)	
For further information concern				
Die	10 Lyse L Jame of Contact Person	at	34 302	.4013.
(N	lame of Contact Person	(Ar	rea Code) (Daytime	Telephone Number)
Enclosed is a check for the foll	owing amount made pa	yable to the Florida Depa	artment of State:	
□ \$35 Filing Fee 【	□\$43,75 Filing Fee & Certificate of Status	□\$43,75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of State Certified Copy (Additional Copy Enclosed)	
Mailing Ade Amendment			Address lment Section	

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of

(Name of Corporation as curre	ntly filed with the Florida Dept. of State)
VIDA Abundante Ministries +	H 1300001760.
	ber of Corporation (if known)
Pursuant to the provisions of section 617,1006, Florida Statumendment(s) to its Articles of Incorporation:	tes, this Florida Not For Profit Corporation adopts the followi
A. If amending name, enter the new name of the corpora	tion:
and must be distinguishable and acutain the world "compar	The ne ation" or "incorporated" or the abbreviation "Corp." or "Inc.
"Company" or "Co." may not be used in the name.	
	<b>一</b>
B. Enter new principal office address, if applicable:	
Principal office address MUST BE A STREET ADDRESS	
	77
C. Enter new mailing address, if applicable:	97 7
(Mailing address MAY BE A POST OFFICE BOX)	
	*
D. If amending the registered agent and/or registered off	
new registered agent and/or the new registered office	address:
Name of New Registered Agent:	
esime of their regimes extra con-	
<del></del>	(Florida street address)
New Registered Office Address:	(1 FOR INC. SITECT MINITENS)
	, Florida
	(City) (Zip Code)
New Registered Agent's Signature, if changing Registered	d Agent
hereby accept the appointment as registered agent. I am for	
miles, assert in appointment in regulation agents fully	
	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, an 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>V</u> <u>Mik</u>	n Doe te Jones y Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change	<u>I</u>	Olga Heredia	palmbin IC 3290+
Add			palmbuy 10 3290+
. X Remove			
2) Change	I	Eliana FAMbert	1075 Wing ro.
X Add	·		1075 Wing ro. Sw palm bay FC
/ Remove			31908.
3 ) Change			
Add			<del></del>
Remove			
4) Change	<u>_</u>		
Add			
Remove			
5) Change			
Add			
Remove			
െ Change			
Add			
Remove			

E. If amending or adding additional Art (attach additional sheets, if necessary).	icles, enter change(s) here:		
(attach additional sheets, if necessary).	(Be specific)		
			· · · · · · · · · · · · · · · · · · ·
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	e date of each amendment(s) ac e this document was signed.	loption:	, if other than th
	ective date if applicable:		
		(no more than 90 days after amendment file date)	
	te: If the date inserted in this blo ument's effective date on the De	ock does not meet the applicable statutory filing requirements, this partment of State's records.	s date will not be listed as the
Ado	option of Amendment(s)	( <u>CHECK ONE</u> )	
Ò	The amendment(s) was/were a was/were sufficient for approv	dopted by the members and the number of votes cast for the ameral.	idment(s)
	There are no members or mem adopted by the board of direct	bers entitled to vote on the amendment(s). The amendment(s) was	is/were
		1/2/19.	
	have not be	man or vice chairman of the board, president or other officer-if den selected, by an incorporator – if in the hands of a receiver, true appointed fiduciary by that fiduciary)	
		Dego Fornace Les Lopez.  (Typed or printed name of person signing)	
		(Typed or printed name of person signing)	
		Diesiderid. (Title of person signing)	
		(Title of person signing)	