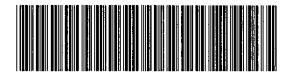
## N/3000 7086

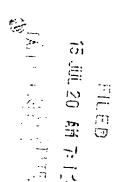
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(City/State/Zip/Phone #)	
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## **COVER LETTER**

TO: Amendment Section Division of Corporations 3:

Tallahassee, FL 32314

P.O. Box 6327

NAME OF CORPORATION:	Misionera M.I. Inc De	Kissimmee	
. N13000007086 DOCUMENT NUMBER:			
The enclosed Articles of Amendment and fee are	submitted for filing.		
Please return all correspondence concerning this n	natter to the following:		
Marisol Santos			
	(Name of Contact	Person)	
NA			
•	(Firm/ Compa	any)	
2733 Tropical Lake Drive			
	(Address)	<b>,</b>	
Kissimmee, Florida 34741			
	(City/ State and Z	ip Code)	
ma_pagan@hotamil.com			
E-mail address: (to be	used for future annual	report notification	1)
For further information concerning this matter, plo	ease call:		
Jennie Almnazar		407 at	6189070
(Name of Contact Per			(Daytime Telephone Number)
Enclosed is a check for the following amount mad	e payable to the Florid	la Department of	State:
\$35 Filing Fee  \$35 Filing Fee Certificate of State	c & \$\subseteq\$\$\$43.75 Filing F tus Certified Copy (Additional copenclosed)	Certif y is Certif	0 Filing Fee icate of Status ied Copy tional Copy is osed)
Mailing Address		Street Address Amendment Sect	to.
Amendment Section Division of Corporations		Amenament Secu Division of Corpo	

Clifton Building

Tallahassee, FL 32301

2661 Executive Center Circle

## **Articles of Amendment** to Articles of Incorporation of

IGLESIA DE CRISTO MISIONERA M.I. INC DE KI				
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N13000007086				
(Document	Number	of Corporation (if known)		
Pursuant to the provisions of section 617.1006, Florida amendment(s) to its Articles of Incorporation:	Statutes,	this Florida Not For Profit Corporation	adopts the fo	ollowing
A. If amending name, enter the new name of the cor	rporation	<u>u</u>		
IGLESIA EL SENDERO DE LA CRUZ INC.			·	The new
name must be distinguishable and contain the word "co "Company" or "Co." may not be used in the name.	orporatio	n" or "incorporated" or the abbreviation	1 "Corp." or	· "Inc."
B. Enter new principal office address, if applicable:	1 <u>1</u>	511 FORTUNE RETAIL COURT		
(Principal office address <u>MUST BE A STREET ADDRESS</u> )		XISSIMMEE, FLORIDA 34744		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		2733 TROPICAL LAKE DRIVE	<del> </del>	
D. If amending the registered agent and/or registered new registered agent and/or the new registered of			he	
N/A		11 633.		
Name of New Registered Agent:				
		(Florida street address)		
New Registered Office Address:		,		
N/A	Ά	, Flori	da	
		(City) (Zij	Code)	
New Registered Agent's Signature, if changing Regil I hereby accept the appointment as registered agent.		gent: liar with and accept the obligations of th	e position.	.)) :=:
14	la			; : : <u>-</u> :
<u>··</u> 1	Sig	nature of New Registered Agent, if chang	ing // :	
	Pa	age 1 of 4		<del>!</del>

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> <u>V</u> <u>SV</u>	John Doe Mike Jones Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change		N/A	
Add			
Remove			
2) Change		N/A	
Add			
Remove			
3) Change		N/A	
Add			
Remove			
4) Change		N/A	
Add			
Remove			
5) Change		N/A	
Add			
Remove			**************************************
6) Change		N/A	 
Add			
Remove			

E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific)				
N/A				
	<del>, , , , , , , , , , , , , , , , , , , </del>			
	<del></del>			
white region is a second of the second of th				
	-			

The	date of each amendment(s) adoption:, ii	other than the
date	this document was signed	
Eff	ctive date <u>if applicable</u> :	<u> </u>
	(no more than 90 days after amendment file date)	
	E: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be liment's effective date on the Department of State's records.	sted as the
Ado	ption of Amendment(s) ( <u>CHECK ONE</u> )	
	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 07/01/2015	
	Signature Maris et Sants	
	(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)	
	MARISOL SANTOS	
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	