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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION	CENTRO DE AVIV	AMIENTO CRISTI	IANO MIAMI,	INC.	
N DOCUMENT NUMBER:	13000008642				
The enclosed Articles of Amer	<i>idment</i> and fee are subn	nitted for filing.			
Please return all correspondence	ce concerning this matte	r to the following:			
ORSON VILA SANTOYO					
		(Name of Contact F	Person)		
CENTRO DE AVIVAMIENT	O CRISTIANO MIAM	I, INC		•	
	•	(Firm/ Compan	i>)		
5355 W 6TH AVE					
		(Address)		·	
HIALEAH, FL 33012					
1 to		City/ State and Zip	Code)		
VILAMINISTRY@YAHOO.	COM .				
E-n	iail address: (to be used	for future annual re	port notificatio	n)	
for further information concer	ning this matter, please o	rall:			
ORSON VILA SANTOYO		21	305 L	261-0404	
(1)	lame of Contact Person)			(Daytime Telephone Number)	
Enclosed is a check for the following	owing amount made pay	able to the Florida	Department of	State:	
■ \$35 Filing Fee 【	□\$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fec Certified Copy (Additional copy enclosed)	Certif is Certif	0 Filing Fee Teate of Status Ted Copy Itional Copy is Osed)	

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 to Articles of Incorporation of

CENTRO DE AVIVAMIENTO CRISTIANO MIAM	II, INC.	<u></u>
(Name of Corporation as	currently filed with the Flor	rida Dept. of State)
N13000008642		
(Document	t Number of Corporation (if k	nown)
Pursuant to the provisions of section 617,1006. Florida amendment(s) to its Articles of Incorporation:	Statutes, this Florida Not Fo	or Profit Corporation adopts the following
A. If amending name, enter the new name of the co	rporation:	
		The new
name must be distinguishable and contain the word "c "Company" or "Co." may not be used in the name.	orporation" or "incorporated	I" or the abbreviation "Corp." or "Inc."
B. Enter new principal office address, if applicable (Principal office address <u>MUST BE A STREET ADD</u>		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO.		
(Stating maters SAT BE A FOST OFFICE BO.		•
D. <u>If amending the registered agent and/or register</u>	ed affice address in Florida	enter the name of the
new registered agent and/or the new registered (office address:	ther the mane of the
Name of New Registered Agent:		
New Registered Office Address:	. (Fi	lorida street address)
•		. Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if changing Regi I hereby accept the appointment as registered agent.	istered Agent: I am familiar with and accept	the obligations of the position
	Signature of New Revisa	tered 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. Y 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 Add Remove			
2) Change Add			
Remove 3) Change Add	•		
Remove 4) Change Add			
Remove Change Add			
Remove 6) Change Add Remove			

E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific)
ARTICLE III. PURPOSE
Said organization is organized exclusively for charitable, religious, educational, and scientific purposes, including, for such
purposes, the making of distributions o organizations that qualify as exempt organizations described under Section 501(c)(3)
of the Internal Revenue Code, or corresponding section of any future federal tax code.
ARTICLE IX. DISSOLUTION
Upon the dissolution of the organization, assets shall be distributed for one or more exempt purposes within the meaning of
Section 501(c)(3) of the Internal Revenue Code, or corresponding section of any future federal tax code, or shall be
distributed to the federal government, or to a state or local government, for a public purpose. Any such assets not disposed
of shall be disposed of by a court of competent jurisdiction in the county in wich the principal office of the organization
is then located, exclusively for such purposes or to such organization or organizations, as said Court shall determine,
which are organized and operated exclusively for such purposes.

The date of each amendment(s) adoption:	if other than the
date this document was signed.	
Effective date if applicable:	
(no more than 90 days after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will document's effective date on the Department of State's records.	I not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the members and the number of votes east for the amendment(s) was/were sufficient for approval.	ı
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 03/02/2016	
Signature	
(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)	
ORSON VILA SANTOYO	
(Typed or printed name of person signing)	
PRESIDENT	
(Title of person signing)	