

N11400000000178

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Amend/cis  
@ 10 12.2.14

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**NAME OF CORPORATION:** MINISTERIO INTERNACIONAL YO SOY, INC.

**DOCUMENT NUMBER:** N14000000178

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

DIRLA SAUNIG

(Name of Contact Person)

MINISTERIO INTERNACIONAL YO SOY, INC.

(Firm/ Company)

9600 SW 8 ST SUITE 7

(Address)

MIAMI, FL 33174

(City/ State and Zip Code)

RADIOFEUSA@GMAIL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

DIRLA SAUNIG

(Name of Contact Person)

at ( 786 ) 333-9950

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount made payable to the Florida Department 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 Status  
Certified Copy  
(Additional Copy  
is enclosed)

**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

MINISTERIO INTERNACIONAL YO SOY, INC.  
(Name of Corporation as currently filed with the Florida Dept. of State)

N14000000178  
(Document Number of Corporation (if known))

FILED  
STATE DEPT. OF STATE  
CORPORATION  
11 MAY 19 PM 1:35

Pursuant to the provisions of section 617.1006, Florida Statutes, this *Florida Not For Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

**A. If amending name, enter the new name of the corporation:**

*The new name must be distinguishable and contain the word "corporation" or "incorporated" or the abbreviation "Corp." or " Inc." "Company" or "Co." may not be used in the name.*

**B. Enter new principal office address, if applicable:**  
(Principal office address **MUST BE A STREET ADDRESS**)

9600 SW 8 ST

SUITE 7

MIAMI, FL 33174

**C. Enter new mailing address, if applicable:**  
(Mailing address **MAY BE A POST OFFICE BOX**)

9964 SW 26 TERR

MIAMI, FL 33165

**D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:**

Name of New Registered Agent:

OSCAR J LOPEZ

New Registered Office Address:

9964 SW 26 TERR

(Florida street address)

MIAMI

(City)

Florida 33165

(Zip Code)

**New Registered Agent's Signature, if changing Registered Agent:**

*I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.*

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, and address of each Officer and/or Director being added:**

*(Attach additional sheets, if necessary)*

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
<u>VP</u>	<u>DAMARIS PERDOMO</u>	<u>100 SUNRISE DR # 17</u> <u>KEY BISCAYNE, FL 33149</u>	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
<u>S</u>	<u>LUIS E MOLINA</u>	<u>100 SUNRISE DR # 17</u> <u>KEY BISCAYNE, FL 33149</u>	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
<u>A</u>	<u>PATRICIA T SIGRYTH</u>	<u>100 SUNRISE DR # 17</u> <u>KEY BISCAYNE, FL 33149</u>	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove

**E. If amending or adding additional Articles, enter change(s) here:**

*(attach additional sheets, if necessary). (Be specific)*

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 state or local government, for a public purpose. Any such  
assets not disposed of shall be disposed of by the Court of Common Pleas of the county  
in which 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 of such purposes.

(Attach additional sheets, if necessary)

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
<u>S</u>	<u>OSCAR J LOPEZ, JR</u>	<u>100 SUNRISE DR # 17</u>	<input type="checkbox"/> Add
		<u>KEY BISCAYNE, FL 33149</u>	<input checked="" type="checkbox"/> Remove
		<u></u>	
<u>VP</u>	<u>DIRLA SAUNIG</u>	<u>9964 SW 26 TERR</u>	<input checked="" type="checkbox"/> Add
		<u>MIAMI, FL 33165</u>	<input type="checkbox"/> Remove
		<u></u>	
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

(attach additional sheets, if necessary). (Be specific)

[illegible]

The date of each amendment(s) adoption: 11/17/2014

*(date of adoption is required)*

Effective date if applicable: 11/17/2014

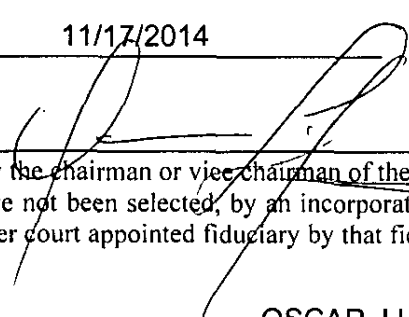
*(no more than 90 days after amendment file date)*

**Adoption of Amendment(s) (CHECK ONE)**

☒ 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 11/17/2014

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)*

OSCAR J LOPEZ

*(Typed or printed name of person signing)*

President

*(Title of person signing)*