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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPO	DRATION: MINISTERIO JES	US EL BUEN PASTOR IN	C			
	1BER: N14000001266					
	s of Amendment and fee are su	bmitted for filing.				
Please return all corr	espondence concerning this ma	itter to the following:				
	Jeffrey Jerkins					
		Name of Contact Person	_			
	Browning Accounting Group Corp					
	_	Firm/ Company	<del> </del>			
	1991 S Kanner Hwy					
	Address					
	Stuart, FL 34994					
		City/ State and Zip Code	· · · · · · · · · · · · · · · · · · ·			
	browningacet@gmail.com					
		sed for future annual report	notification)			
For further informati	on concerning this matter, plea		266-4712			
Name	e of Contact Person	at ( Area Coo	) 266-4712 le & Daytime Telephone Number			
Enclosed is a cheek	for the following amount made					
□ \$35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	S43.75 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 Tallabassee, FL 32314		Street Address Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810				

Tallahassee, FL 32303

## Articles of Amendment to Articles of Incorporation

FILED

	of	2021 HAR _ 1
AINISTERIO JESUS EL BUEN PASTOR IN	C.	2021 HAR -1 AM 11: 3
( <u>Name of Cor</u>	poration as currently filed with the Florid	ia Dept. of State)
14000001266		
	(Document Number of Corporation (if know	n)
ursuant to the provisions of section 607.1006, s Articles of Incorporation:	Florida Statutes, this Florida Profit Corpor	ation adopts the following amendme
If amending name, enter the new name o	f the corporation:	
MINISTERIO INTERNACIONAL JESUS EL	BUEN PASTOR INC.	The new
ame must be distinguishable and contain the w Inc.," or Co ," or the designation "Corp," chartered," "professional association," or th	""Inc," or "Co". A professional corpor	orated" or the abbreviation "Corp.,"
<ol> <li>Enter new principal office address, if app Principal office address <u>MUST BE A STREE</u></li> </ol>		
Enter new mailing address, if applicable		
(Mailing address <u>MAY BE A POST OFFI</u>	<u></u>	
). If amending the registered agent and/or	registered office address in Florida, enter	the name of the
new registered agent and/or the new regi		
Name of New Registered Agent		
Name of New Registered Agent		
Name of New Registered Agent	(Florida street address)	
Name of New Registered Agent  New Registered Office Address:		, Florida

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.

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)

Example:

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.

X Change	<u>6.1.</u>	<u>John Do</u>	<u>e</u>	
X Remove	<u>V</u>	Mike Jos	nes	
X Add	<u>SV</u>	Sally Sm	<u>nith</u>	
Type of Action (Check One)	Title		Name	Address
1) Change		_		
Add				
Remove				
2) Change		_		
Add				
Remove 3 ) Change		_		
Add				
Remove				
4) Change		<u>.</u>		
Add				
Remove				
5) Change		_		
Add				
Remove				
6) Change		_		
Add				
Remove				

Attach additional sheets, if necessary).	
<del></del>	<del></del>
If an amendment provides for an excl	nange, reclassification, or cancellation of issued shares,
If an amendment provides for an excl provisions for implementing the ame	nange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:
If an amendment provides for an exch provisions for implementing the ame (if not applicable, indicate N/A)	nange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:
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	02/23/2021	
	ch amendment(s) adoption:	, if other than the
date this docum	nent was signed.	
Effective date <u>i</u>	02/23/2021 if applicable:	
	(no more than 90 days after amendment file date)	
	ate inserted in this block does not meet the applicable statutory filing requirements, this date ective date on the Department of State's records.	will not be listed as the
Adoption of Ar	mendment(s) (CHECK ONE)	
The amendmaction was no	$\operatorname{nent}(s)$ was/were adopted by the incorporators, or board of directors without shareholder action to trequired.	and shareholder
	ment(s) was/were adopted by the shareholders. The number of votes east for the amendment(s) cholders was/were sufficient for approval.	ı
	ment(s) was/were approved by the shareholders through voting groups. The following statement parately provided for each voting group entitled to vote separately on the amendment(s):	u
"The n	number of votes east for the amendment(s) was/were sufficient for approval	
by		
	(voting group)	
	02/23/2021	
	Dated	
	Signature Signature	
	(By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)	
	Jose Guch	
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	