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COVER LETTER

TO: Amendment Section **Division of Corporations** MOVIMIENTO PROFETICO NOB MINISTRIES (CHURCH AND COMMUNITY OURT NAME OF CORPORATION: N14000008687 DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: RAFAEL M KINARD (Name of Contact Person) MOVIMIENTO PROFETICO NOB MINISTRIES (CHURCH AND COMMUNITY OURTREACH) INC (Firm/ Company) 3199 CRISPIN CIR (Address) SAINT CLOUD, FL 34773 (City/ State and Zip Code) RAFAEL.KINARD@GMAIL.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: RAFAEL M KINARD 407 739-5210 (Name of Contact Person) (Daytime Telephone Number)

Enclosed is a check for the following amount made payable to the Florida Department of State:

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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Articles of Amendment

to

Articles of Incorporation

of

MOVIMIENTO PROFETICO NOB MINISTRIES (CHURCH AND COMMUNITY OURTREACH) INC.

(Name of Corporation as currently filed with the Florid	da Dept. of State)	
N1400008687	1 60 66	
(Document Nu	intber of Corporation (if	known)
Pursuant to the provisions of section 617.1006, Florida Stamendment(s) to its Articles of Incorporation:	ntutes, this Florida Not F	For Profit Corporation adopts the following
A. If amending name, enter the new name of the corpo	oration:	
N/A		The new
name must be distinguishable and contain the word "corp "Company" or "Co." may not be used in the name.	oration" or "incorporat	
B. Enter new principal office address, if applicable:	N/A	
(Principal office address <u>MUST BE A STREET ADDRE</u>	<u>(33</u>)	
		202
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A	2 FE 7
D. If amending the registered agent and/or registered		n, enter the name of the
new registered agent and/or the new registered offic	ce address:	
Name of New Registered Agent: N/A		
		Florida street address)
New Registered Office Address:		
		, Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if changing Registe		
I hereby accept the appointment as registered agent. I an	n familiar with and accep	of the obligations of the position.
	Signature of New Regi:	stered 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, V as Remove, and Sally Smith, SV as an Add.

Example: X Change X Remove X Add	PT John De V Mike Je SV Sally Sr	ones	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) × Change Add	<u>P</u>	RAFAEL M KINARD	3199 CRISPIN CIR SAINT CLOUD, FL 34773
Remove 2) * Change Add	<u>V</u>	OMAYRA ROMAN	3199 CRISPIN CIR SAINT CLOUD, FL 34773
Remove Change Add Remove	<u>T</u>	KATIRY GONZALEZ	2361 MISTRAL CT KISSIMMEE, FL 34758
4) Change Add	VO	YELITZA RUIZ	14124 QUEENSIDE ST ORLANDO, FL 32824
<u>×</u> Remove 5) Change			
Add			
6) Change Add			
E. If amending or addin (attach additional shee		cles, enter change(s) here: (Be specific)	

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The date of each amendmen	t(s) adoption:						_, if other than the
date this document was signed	1. - 2/9/2022						
Effective date if applicable:		nore thun 90 d	ave after an	endmant file o	(ata)		_
Notes (Cds) data incomed in the							

<u>Note:</u> If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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.

Dated	2/9/2022
Dated	\sim
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)
	RAFAEL M KINARD
	(Typed or printed name of person signing)