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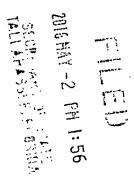
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COVER LETTER

Division of Corporations Iglesia Gosén-Tierra Fertil de bios Inc. DOCUMENT NUMBER: N 1400000 9856 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Alexander Andino
(Name of Contact Person) lesia Gosen-Tierra Fertil de Bios, Inc (Firm/Company) Ocala, Florida 34483
(City/State and Zin Code) Qandino 1024 ogmail. Com
E-mail address: (to be used for furdre annual report notification) For further information concerning this matter, please call: Hlexander Hndino
(Name of Contact Person) at 352 - 426 - 3933 (Area Code) (Daytime Telephone Number) Enclosed is a check for the following amount made payable to the Florida Department of State: □\$52.50 Filing Fee □ \$35 Filing Fee **△**\$43.75 Filing Fee & **△**\$43.75 Filing Fee & Certified Copy Certificate of Status Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is

Mailing Address

TO: Amendment Section

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

Enclosed)

Articles of Amendment

to Articles of Incorporation of

N14000009856

	ber of Corporation (if known)	
(Document Num	ioci oi corporation (ii known)	
Pursuant to the provisions of section 617.1006, Florida Statu amendment(s) to its Articles of Incorporation:	ites, this <i>Florida Not For Profi</i>	t Corporation adopts the following
A. If amending name, enter the new name of the corpora	ntion:	
Ministerio Sobr		SIDS, Inc. The new
name must be distinguishable and contain the word "corpor	ration" or "incorporated" or th	e abbreviation "Corp." or "Inc."
"Company" or "Co." may not be used in the name.	۵	
B. <u>Enter new principal office address, if applicable:</u> Principal office address <u>MUST BE A STREET ADDRESS</u>	n NA	
	· ·	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	ИlА	7.0
(mining mantess milit BL/11 OST OF ITCL BOA)	•	700 B
	·	
		7 7
		P. P.
 If amending the registered agent and/or registered off new registered agent and/or the new registered office 	nce address in Florida, enter i address:	the name of the
	NIO	
Name of New Registered Agent:	NIF	· · · · · · · · · · · · · · · · · · ·
	(El mildo ato	eet address)
New Registered Office Address:	(Fioritia sir	een aawess) .
	- NIA	Florido
	(City)	, Florida (Zip Code)
		•
New Registered Agent's Signature, if changing Registere I hereby accept the appointment as registered agent. I am j		ligations of the position.
nercey accept the appearance as registered agent. I amy	amina mina ana accept mo co.	Against by the perment
	Signature of New Registered A	gent 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	<u>PT</u> <u>V</u> <u>SV</u>	John Do Mike Jo Sally Sn	<u>nes</u>	
Type of Action (Check One)	<u>Title</u>		Name	Address
1) Change		_		
Add				
Remove				
2) Change		_		
Add				· · · · · · · · · · · · · · · · · · ·
Remove				
3)Change				
Add				
Remove				
4) Change		_		
Add				
Remove				
5) Change		_		
Add				
Remove				
6) Change		-		
Add				
Remove				

f amending or adding additional Art ttach additional sheets, if necessary).	(Be specific)		
		**************************************	· · · · · · · · · · · · · · · · · · ·
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*** <u>***</u> *****************************			
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The	e date of each amendment(s) adoption:	, if other than the
date	e this document was signed.	
Eff	ective date <u>if applicable</u> :	
	(no more than 90 days after amendment file date)	
	te: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not ument's effective date on the Department of State's records.	t be listed as the
Ada	option of Amendment(s) (CHECK ONE)	
X	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 $\frac{4-26-2016}{10}$	
	Signature Augustu Mau	
	(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)	
	Alexander Andino	
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	