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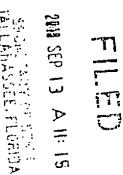
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## **COVER LETTER**

TO: Amendment Section Division of Corporations

NAME OF CORPORATION:	ESIA CRISTIANA MANA INC.
DOCUMENT NUMBER:	N15000001856
The enclosed Articles of Amendment and fee are so	
Please return all correspondence concerning this ma	atter to the following:
	ORLANDO CARRASQUILLO
	(Name of Contact Person)
	OC CONSULTING FIRM INC.
	(Firm/ Company)
<u>.</u>	911 SPARKLING PINES CIR
	(Address)
	FORT PIERCE, FL 34951
	(City/ State and Zip Code)
occo	NSULTINGFIRM@YAHOO.COM
E-mail address: (to be us	sed for future annual report notification)
For further information concerning this matter, plea	se call:
ORLANDO CARRASQUILLO	561 542-5465 at
(Name of Contact Pers	
Enclosed is a check for the following amount made	payable to the Florida Department of State:
S35 Filing Fee	& 🗆 \$43.75 Filing Fee & S52.50 Filing Fee s Certified Copy (Additional copy is enclosed) S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is Enclosed)
Mailing Address	Street Address

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of

IGLESIA CRISTIANA MANA INC.

(Name of Corporation		itly filed with the Florida I	Dept. of State)	
	N150000			
(Docur	nent Numb	per of Corporation (if known	)	
Pursuant to the provisions of section 617.1006, Flo amendment(s) to its Articles of Incorporation:	rida Statut	es, this <i>Florida Not For Pro</i>	fit Corporation adopts the following	
A. If amending name, enter the new name of the	e corporat	ion:		
name must be distinguishable and contain the word "Company" or "Co." may not be used in the nam		ntion" or "incorporated" or	The new the abbreviation "Corp." or "Inc."	
B. Enter new principal office address, if application (Principal office address MUST BE A STREET A		)		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	<u>BOX</u> )	1248 FRIENDSHIP WAY	,	
		IMMOKALEE, FL 34142	2	
D. If amending the registered agent and/or reginew registered agent and/or the new registered Agent:  Name of New Registered Agent:	red office			
	1248 FR	IENDSHIP WAY		
	<del></del>	(Florida :	street address)	
New Registered Office Address:				
	IMMOKALEE		, Florida	
		(City)	(Zip Code)	
New Registered Agent's Signature, if changing   hereby accept the appointment as registered agen			bligations of the position.	
-	S	Signature of New Registered	Agent. if changing	
		Page 1 of 4	P 3 A	

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; CE() = 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	V Mik	n Doe te Jones y Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) X Change	P/P	ROLAND RIVERA	1248 FRIENDSHIP WAY
Add	<del></del>		IMMOKALEE, FL 34142
Remove			
2) X Change	VP	HEIDY RIVERA	1248 FRIENDSHIP WAY
Add			IMMOKALEE, FL 34142
Remove 3) Change	D	ARNULFO PULIDO	206 NORTH 3RD STREET
Add			IMMOKALEE, FL 34142
X Remove			
4) Change	D	ROSENBERG LIEVANO	206 NORTH 3RD STREET
X Add			IMMOKALEE, FL 34142
Remove			
5) Change			
Add			<del></del>
Remove			<del></del>
6) Change			
Add			<del></del>
Remove			

If amending or adding additional Arti (attach additional sheets, if necessary).	(Be specific)				
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I he date of each ame date this document was	ndment(s) adoption:, if other than signed	th
Effective date <u>if appli</u>	(no more than 90 days after amendment file date)	-
	ted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the ate on the Department of State's records.	
Adoption of Amendm	ent(s) (CHECK ONE)	
The amendment(s was/were sufficient	) was/were adopted by the members and the number of votes cast for the amendment(s) at for approval.	
There are no mem adopted by the bo	bers or members entitled to vote on the amendment(s). The amendment(s) was/were ard of directors.	
Dated	09/01/2018	
Signature		
	(By the chairman or yice 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)	
	ROLAND RIVERA	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	