07/16/2033 03:27

Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H150002143143)))



H150002143143ABCY

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)617-6380

From:

1 12 3

Account Name

: LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : 120000000019

Account Number :

120000000019

Phone

: (305)552-5973

Fax Number

: (305)675-5944

原码 Enter the email address for this business entity to be used for future 编卷annual report mailings. Enter only one email address please.\*\*

Emni	7	BAA	PPSS	*

## COR AMND/RESTATE/CORRECT OR O/D RESIGN MINISTERIO INTERNACIONAL TEMPLO DE RESTAURACION CORP

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$35.00

SEP 0 8 2115

C. CARROTHERS

## H150002143 14

Articles of Amendment to Articles of Incorporation

	of			
Ministerio Inte	rnorional Tr	empir de R	ec + c, , , , ,	
(Name of Corporation as	s currently filed with the Flo	orida Dept. of State)	<u> 25 taar</u> at	
				CO
	nt Number of Corporation (if			
(toetimen	in Number of Corporation (if	KHOWN)	十八 西	
Pursuant to the provisions of section 617.1006, Florid	a Statutes, this Florida Not 1	For Profit Corporation adopts	the following	, ,
amendment(s) to its Articles of Incorporation:			\$ . gs. 1	
A. If amending name, enter the new name of the corporation:		* * * * * * * * * * * * * * * * * * * *		
			(48)	
name must be distinguishable and contain the word "	corporation" or "incorporat	ed" or the abbreviation "Cor	The nev	9: 1
"Company" or "Co." may not be used in the name.	, , , , , , , , , , , , , , , , , , ,		(i)	18
B. Enter new principal office address, if applicable	A•		·\$.	
(Principal office address MUST BE A STREET ADD		· <del>-</del> -		
	• • • • • • • • • • • • • • • • • • • •			
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	ο <b>χ</b> )	3 '	İ	
(		· · · · · · · · · · · · · · · · · · ·		
	·	· · · · · · · · · · · · · · · · · · ·		
		_		
D. If amending the registered agent and/or registered new registered agent and/or the new registered		a, enter the name of the		
•	Office additions			
Name of New Registered Agent:				
_				
New Registered Office Address:	(	(Florida street address)		
1 TOW TENESTIC CA CHILLE TIME CON.			İ	
		, Florida		
	(City)	(Zip Code)	,	
New Registered Agent's Signature, if changing Res	gistered Agent:			
I hereby accept the appointment as registered agent.	I am familiar with and acce	pt the obligations of the positi	on.	
<del></del>	01	**********		
	Signature of New Reg	istered Agent, if changing		

Page 1 of 4

\_ Remove

## #7202 P. 003/005

•	,			H15000214	3 1 44
address of each Officer (Attach additional sheet Please note the officer/a P = President; V = Vice Executive Officer; CFO held. President, Treasur	r and/or Director is, if necessary) director title by th President; T= Tr = Chief Financia rer, Director would	e being added: e first letter of the offic easurer; S= Secretary; al Officer. If an officer ld be PTD.	e title: : D= Director; TR= Trust /director holds more than	irector being removed and title, r nee; C = Chairman or Clerk; CEO one title, list the first letter of each ST and Mike Jones is listed as the b	= Chief office
a change, Mike Jones le Mike Jones, V as Remon	aves the corpora	tion, Sally Smith is nan	ned the V and S. These sho	ould be noted as John Doe, PT as a	Change,
Example: X Change X Remove X Add		Doe Jones Smith			
Type of Action (Check One)	<u>Title</u>	<u>Name</u>		Address	
1) Change Add Remove 2) Change Add Remove 3 ) Change Add Remove 4) Change Add Remove Add Remove Add	<u>S</u>	Roselena	a Iniguez		
Remove  5) Change Add Remove					
6) Change					

## H15000214314

(attach additional sheets, if necessary). (Be specific)					
(attach additional sheets, if necessary).	(Be specific)				
•					
	·				
	,				
<del></del> -	•				
,					
	ļ				

Page 3 of 4

The date of each amendment(s) adoption:	if other	than the
Effective date <u>if applicable</u> :  (no more than 90 days after amendment file date)		
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be document's effective date on the Department of State's records.	listed a	the:
Adoption of Amendment(s) (CHECK ONE)		ľ
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.		
Dates Signature Selle Sulcavo		
(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)		
Pedso SolAND		
(Typed or printed name of person signing)		
(Title of person signing)	ľ	