N15000008720

| (Re | equestor's Name) | | | |
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DIVISION OF CORFORATION

FEB - 4 2016 C McNAIR

COVER LETTER

TO: Amendment Section **Division of Corporations** NAME OF CORPORATION: Centro restaurando mi vida en cristo corp. N1500008720 DOCUMENT NUMBER: _ The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Name of Contact Person) (Firm/ Company) (Address) Halis 45 (a) Young Com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call:

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

\$35 Filing Fee \$\Bigcup \$43.75 Filing Fee & \Bigcup \$43.75 Filing Fee & Certificate of Status

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 Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation

| | of |
|--|---|
| | do mi vide en cristo corp |
| (Name of Corporation as cu | urrently filed with the Florida Dept. of State) |
| W 15 00000 (Document N | Number of Corporation (if known) |
| | |
| Pursuant to the provisions of section 617.1006, Florida Stamendment(s) to its Articles of Incorporation: | Statutes, this Florida Not For Profit Corporation adopts the following |
| A. If amending name, enter the new name of the corpo | poration: |
| Ministerio Internacional Rename must be distinguishable and contain the word "corp" "Company" or "Co." may not be used in the name. | rporation" or "incorporated" or the abbreviation "Corp." or "Inc." |
| B. Enter new principal office address, if applicable: | |
| (Principal office address <u>MUST BE A STREET ADDRE</u> | He same Principa |
| | office Address |
| C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) |) |
| | 5tay the Same |
| | · |
| D. If amending the registered agent and/or registered new registered agent and/or the new registered off | |
| | 11.0.1.1.00.1.0.1 |
| Name of New Registered Agent: | |
| New Registered Office Address: | (Florida street address) |
| The field of the first field of the field of | |
| | , Florida |
| | (City) (Zip Code) |
| New Registered Agent's Signature, if changing Registe I hereby accept the appointment as registered agent. I at | tered Agent: am familiar with and accept the obligations of the position. |
| | |

Signature of New Registered 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 V SV | John Doe Mike Jor Sally Sm | <u>nes</u> | |
|----------------------------------|---------------|----------------------------------|-------------|---------|
| Type of Action (Check One) | Title | | Name | Address |
| 1) Change | | _ | | |
| Remove | | | | |
| 2) Change | | | | · |
| Add Remove | | | | |
| 3) Change | <u></u> | _ | | |
| Remove | | | | |
| 4) Change | | <u></u> | | |
| Add | | | | |
| 5) Change | | _ | | |
| Add Remove | | | | |
| 6) Change | | _ | | |
| Add | | | | |
| Remove | | | | |

| E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific) | | | | | | | | |
|---|------------|--|--|--|--|--|--|--|
| Everything Stay | 1 the same | | | | | | | |
| 0 0 | 5 | | | | | | | |
| Just change o | of name | | | | | | | |
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| The date of each amendment(s) adoption: | , if other than the |
|---|--------------------------|
| late this document was signed. | |
| Effective date if applicable: January 26, 2016 (no more than 30 days after amendment file date) | |
| Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date we document's effective date on the Department of State's records. | ill not be listed as the |
| Adoption of Amendment(s) (<u>CHECK ONE</u>) | |
| The amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s) was/were sufficient for approval. | s) |
| 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 01-26-2016 | |
| 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) | |
| (Typed or printed name of person signing) | |
| Vice President (Title of person signing) | |