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Certified Copies	Certificates of	Status
Special Instructions to	o Filing Officer:	
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December 7, 2016

CECILIO ARTURO SOSA 15626 NW 14 ST PEMBROKE PINES, FL 33028

SUBJECT: CRISTO ES LIBERTAD, INC.

Ref. Number: N16000003922

We have received your document for CRISTO ES LIBERTAD, INC. and your check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

Articles of Correction must be filed within 30 days of the file date of the document that is being corrected. As the time period for filing Articles of Correction has expired, an amendment to the articles of incorporation could be filed at this time.

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Rebekah White Regulatory Specialist II

Letter Number: 616A00026040



COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION:	LIBERTAD, INC.			
N16000003922 DOCUMENT NUMBER:				
The enclosed Articles of Amendment and fee a	are submitted for filing.			
Please return all correspondence concerning th	is matter to the following:			
CECILIO ARTURO SOSA				
	(Name of Contact	Person)		
CRISTO ES LIBERTAD, INC.				
	(Firm/ Compa	ny)		***
15626 NW 14TH STREET				
	(Address)	·		
PEMBROKE PINES, FL 33028				
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	(City/ State and Zi)	Code)		
ASOSAL1@HOTMAIL.COM				
E-mail address: (to	be used for future annual re	eport notification	n)	,
For further information concerning this matter,	please call:			
ARTURO SOSA		305 at	303-8744	
(Name of Contact	Person)	(Area Code)	(Daytime Telephone	Number)
Enclosed is a check for the following amount n	nade payable to the Florida	Department of	State:	
\$35 Filing Fee \$\Bigcup \\$43.75 Filing Certificate of \$\Bigcup \\$43.75 Filing	Fee & \$\Bigsiz\$ \$\\$43.75\$ Filing Fe Status Certified Copy (Additional copy enclosed)	Certif ris Certif (Addi	0 Filing Fee icate of Status ied Copy tional Copy is osed)	
Mailing Address Amendment Section		treet Address	ion	

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

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Articles of Amendment to Articles of Incorporation of

16 DEC 19 PH 12: 28
SEC PROPERTY AND A TABLE ADDRESS OF T

CRISTO ES LIBERTAD, INC. (Name of Corporation as currently filed with the Florida Dept. of State) N16000003922 (Document Number of Corporation (if known) Pursuant to the provisions of section 617.1006, Florida Statutes, this Florida Not For Profit Corporation adopts the following amendment(s) to its Articles of Incorporation: A. If amending name, enter the new name of the corporation: name must be distinguishable and contain the word "corporation" or "incorporated" or the abbreviation "Corp." or "Inc." "Company" or "Co." may not be used in the name B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address; Name of New Registered Agent: (Florida street address) New Registered Office Address: _, Florida _ (Zip Code) New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I 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	<u>V</u> <u>Mik</u>	n Doe le Jones ly Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	PT	CECILIO ARTURO SOSA	15626 NW 14TH STREET
X Add			PEMBROKE PINES, FL 33028
Remove			
2) Change	V	DULCE M. SOSA	15626 NW 14TH STREET
X Add			PEMBROKE PINES, FL 33028
Remove	s	MIGUEL ARTURO SOSA	15626 NW 14TH STREET
3) Change	<u> </u>	MIGOEL ARTORO SOSA	PEMBROKE PINES, FL 33028
Add			FEMIDRORE FINES, FL 33020
Remove			
4) Change	-		
Add			
Remove			
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)	
ARTICLE III PURPOSE	
The purpose for which the corporation is organized is: CRISTO ES LIBERT AD, INC. is	
organized exclusively for charitable, religious. educational, and scientific purposes, including,	
for such purposes, the making of distributions to organizations that qualify as exempt	
organizations under section 501 (c) (3) of the Internal Revenue Code, or the corresponding Internal Revenue C	lode.
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	, <u>, , , , , , , , , , , , , , , , , , </u>

E. If amending or adding additional Artic (attach additional sheets, if necessary)	es, enter change(s) here: (Be specific)			
ARTICLE IV MANNER OF ELECTION				
The manner in which the directors are electe	d and appointed: As provided	in the By Laws		
		·		
			-	

Ξ,	If amending or	<u>r adding</u>	<u>additional</u>	Articles, enter	change(s) here:
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(attach additional sheets. if necessary). (Be specific)

ARTICLE IX DISSOLUTION
Upon the dissolution of the corporation, assets shall be distributed
for one or more exempt purposes within the meaning of section 501 (e)(3) of the Internal Revenue Code, or the corresponding
section of any future federal tax code, or shall be distributed to the federal government, or to a state or
local government, for a public purpose. Any such assets not so disposed of shall be disposed of by a Court of Competent
Jurisdiction of the county in which the principal office of the corporation is then located, exclusively for such purposes
or to such organization or organizations as said Court shall determine, which are organized and operated
exclusively for such purposes

	11/23/2016	
The date of each amendment(s) adopt date this document was signed.	dion:	, if other than the
Effective date if applicable: 11/23/2	2016	
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this block document's effective date on the Depart	does not meet the applicable statutory filing requirements, this date thment of State's records.	will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were adoption was/were sufficient for approval.	oted by the members and the number of votes cast for the amendmen	nt(s)
There are no members or member adopted by the board of directors	is entitled to vote on the amendment(s). The amendment(s) was/we .	re
Dated 12/16/2016	4112	
	an or vice chairman of the board, president or other officer-if direct selected, by an incorporator – if in the hands of a receiver, trustee,	
	pointed fiduciary by that fiduciary)	
CECILIO A	ARTURO SOSA	
	(Typed or printed name of person signing)	_
PRESIDEN	NT	
	(Title of person signing)	_

Date of this notice: 04-18-2016

Employer Identification Number:

81-2264766

Form: SS-4

Number of this notice: CP 575 E

CRISTO ES LIBERTAD % CECILIO A SOSA 15626 NW 14TH ST PEMBROKE PNES, FL 33028

For assistance you may call us at: 1-800-829-4933

IF YOU WRITE, ATTACH THE STUB AT THE END OF THIS NOTICE.

WE ASSIGNED YOU AN EMPLOYER IDENTIFICATION NUMBER

Thank you for applying for an Employer Identification Number (EIN). We assigned you EIN 81-2264766. This EIN will identify you, your business accounts, tax returns, and documents, even if you have no employees. Please keep this notice in your permanent records.

When filing tax documents, payments, and related correspondence, it is very important that you use your EIN and complete name and address exactly as shown above. Any variation may cause a delay in processing, result in incorrect information in your account, or even cause you to be assigned more than one EIN. If the information is not correct as shown above, please make the correction using the attached tear-off stub and return it to us.

When you submitted your application for an EIN, you checked the box indicating you are a non-profit organization. Assigning an EIN does not grant tax-exempt status to non-profit organizations. Publication 557, Tax-Exempt Status for Your Organization, has details on the application process, as well as information on returns you may need to file. To apply for recognition of tax-exempt status under Internal Revenue Code Section 501(c)(3), organizations must complete a Form 1023-series application for recognition. All other entities should file Form 1024 if they want to request recognition under Section 501(a).

Nearly all organizations claiming tax-exempt status must file a Form 990-series annual information return (Form 990, 990-EZ, or 990-PF) or notice (Form 990-N) beginning with the year they legally form, even if they have not yet applied for or received recognition of tax-exempt status.

Unless a filing exception applies to you (search www.irs.gov for Annual Exempt Organization Return: Who Must File), you will lose your tax-exempt status if you fail to file a required return or notice for three consecutive years. We start calculating this three-year period from the tax year we assigned the EIN to you. If that first tax year isn't a full twelve months, you're still responsible for submitting a return for that year. If you didn't legally form in the same tax year in which you obtained your EIN, contact us at the phone number or address listed at the top of this letter.

For the most current information on your filing requirements and other important information, visit www.irs.gov/charities.

(IRS USE ONLY) '575E

IMPORTANT REMINDERS:

- * Keep a copy of this notice in your permanent records. This notice is issued only one time and the IRS will not be able to generate a duplicate copy for you. You may give a copy of this document to anyone asking for proof of your EIN.
- * Use this EIN and your name exactly as they appear at the top of this notice on all your federal tax forms.
- * Refer to this EIN on your tax-related correspondence and documents.
- Provide future officers of your organization with a copy of this notice.

Your name control associated with this EIN is CRIS. You will need to provide this information, along with your EIN, if you file your returns electronically.

If you have questions about your EIN, you can contact us at the phone number or address listed at the top of this notice. If you write, please tear off the stub at the bottom of this notice and include it with your letter. Thank you for your cooperation.

Keep this part for your records. CP 575 E (Rev. 7-2007)

Return this part with any correspondence so we may identify your account. Please correct any errors in your name or address.

CP 575 E

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Your Telephone Number Best Time to Call DATE OF THIS NOTICE: 04-18-2016 EMPLOYER IDENTIFICATION NUMBER: 81-2264766 () – FORM: SS-4 NOBOD

INTERNAL REVENUE SERVICE CINCINNATI OH 45999-0023

CRISTO ES LIBERTAD R CECILIO A SOSA 15626 NW 14TH ST PEMBROKE PNES, FL 33028