N1600000 4861

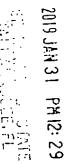
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TO: Amendment Section Division of Corporations

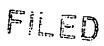
Tallahassee, FL 32314

NAME OF CORPORATION: MINISTERIO GUERREROS DE CRISTO, INC

DOCUMENT NUMBER: N16000004861	-		
The enclosed Articles of Amendment and fee are su	bmitted for filing.		
Please return all correspondence concerning this ma	tter to the following:		
	MANUEL OMAR BAE		
	(Name of Contact Per	son)	
m-	(Firm/ Company)		
	00 C 17 PN 100 POPEN A STONE	U. U.2	
60	35 KENTUCKY AVEN (Address)	UE	
	(Address)		
NEWP	ORT RICHEY FLORID		
	(City/ State and Zip Co	ode)	
	OROMARBAEZ@YAF		
E-mail address: (to be us	ed for future annual repo	rt notification)	
For further information concerning this matter, pleas	se call·		
Tot further information concerning this matter, piece	c can.		
MANUEL OMAR BAEZ	727 776-6482		
	at _		
(Nar	ne of Contact Person)	(Area Code)	(Daytime Telephone Number)
Enclosed is a check for the following amount made	navable to the Florida De	enartment of S	late:
rn	payable to the r torida Di		auc.
S35 Filing Fee S43.75 Filing Fee &] \$43.75 Filing Fee &	S52 50	Filing Fee
Certificate of Status	Certified Copy	Centifica	ite of Status
	(Additional copy is	Certifie	
	enclosed)		onal Copy is
		Enclos	ed)
Mailing Address	Strac	et Address	
Amendment Section		ndment Section	
Division of Corporations	Division of Corporations		
P.O. Box 6327	·		

2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of



MINISTERIO G	UERREROS DE CRISTO, INC	2019 JAN 31 PM 12: 29
(Name of Corporation as	currently filed with the Florida	Dept. of State)
N16	000004861	TALEANASEPINE
(Documen	it Number of Corporation (if know	(n)
Pursuant to the provisions of section 617.1006, Florida following amendment(s) to its Articles of Incorporation		rofit Corporation adopts the
A. If amending name, enter the new name of the co	rporation:	
LEADERSHIP JESUS NAME UN	IIVERSITY MINISTER	IO GUERREROS DE
CRISTO, INC The new name must be disting		
abbreviation "Corp." or "Inc." "Company" or "Co." may not be used in the name.	word the control of t	- med po med
B. Enter new principal office address, if applicables (Principal office address MUST BE A STREET ADD		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	<u> </u>	
D. If amending the registered agent and/or regist		enter the name of
the new registered agent and/or the new registe	red office address:	
Name of New Registered Agent:		
_		
New Registered Office Address:	(Florida street address) Address:	
		Florida
-	(City)	, Florida (Zip Code)
		. ,
New Registered Agent's Signature, if changing Reg I hereby accept the appointment as registered agent.		obligations of the position
The con accept the appointment as regimered agent.	- and familian mill and accept the	and the second s

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 John Do V Mike Jo SV 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			
Keniove			

(attach additional sheets, if necessary). (Be specific)
OUR UNIVERSITY PREACH THE WORD OF GOD,
OFFER PREPARATION OF CHAPLAINCY, CHRISTIAN &
BIBLE COUNSELING, EVANGELISM, CHRISTIAN
LEADERSHIP, THEOLOGY, MISIONARY, TERAPIST
ALCOHOL, DRUGS & MENTHAL HEALTH, BIBLE SCHOOL
TEACHER, CHRISTIAN BAUTISM CLASS, DISCIPLESHIP
CLASS, ORDINATION OF CHRISTIAN MINISTER,
CHRISTIAN YOUNG MINISTRY. OUR UNIVERSITY
CERTIFIES UNDER OUR OBTAINED CERTIFICATIONS AND
OFFERS A DIPLOMA IN DIFFERENT MODULES AT THE
LEVEL OF ASSOCIATE, BACHELOR, MASTER AND
DOCTOR DEGREE. RECOGNIZE BY OUR
UNIVERSITY.(ONLINE CURSE, REGULAR MAILING CURSE
AND PHYSICAL ON REGULAR CLASS ROOM)
THE UNIVERSITY RESPOND OUR COMUNITY SERVICE FEED
THE HUNGRY, VISIT THE INMATE IN PRISION, VISIT
HOSPITAL AND BRING COUNSELING SERVICE ONLY BY
APPOINMENT.

E. If amending or adding additional Articles, enter change(s) here:

The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
Effective date if applicable: January 18, 2019	
(no more than 90 days after am	endment file date)
Note: If the date inserted in this block does not meet the applicable statute document's effective date on the Department of State's records.	ry filing requirements, this date will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the members and the number of vo-sufficient for approval.	otes east for the amendment(s) was/were
There are no members or members entitled to vote on the amendment(s). The aboard of directors.	imendment(s) was/were adopted by the
Dated January 18, 2019	
Signature M 0.73	
(By the chairman or vice chairman of the bo directors have not been selected, by an incorpora trustee, or other court appointed fiduciary by that	tor – if in the hands of a receiver,
Dr. MANUEL OMAR	
(Typed or printed nam	: or person signing)
PASTOR	
(Title of pe	rson signing)