Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number

: (850)617-6380

From:

Account Name : CONTRACTORS REPORTING SERVICES, INC.

Account Number : 120050000099 Phone (813)932-5244 Fax Number

: (813)932-3782

NOV 02 2016

Enter the email address for this business entity to be used for future TI TIPS annual report mailings. Enter only one email address please.

Email	Address:	

COR AMND/RESTATE/CORRECT OR O/D RESIGN MINISTERIO MANA DEL CIELO INC

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Electronic Filing Menu

Corporate Filing Menu

Help

From: Roman Albano

Fax: (813) 932-3782

To:

Fax: +1 (850) 6176380

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COVER LETTER

Division of Corporations				
NAME OF CORPORATION:	Minister	rio Mana	Del Cielo, INC	
	_		,	
DOCUMENT NUMBER:	111600000	3669		
The enclosed Articles of Amendi	nent and fee are submit	nted for filing.		
Please return all correspondence	concerning this matter t	o the following:		
Roman Albano				
	(1)	Name of Contact Perso	en)	
Contractors Devention	- C t t			
Contractors Reporting	g service inc.	(Firm/ Company)		·· ·
		(t into Company)		
13795 N Nebraska Av	e			
		(Address)		
m				
Tampa, FL 33613				
	(€	City/ State and Zip Coc	ie)	
E-mai	address: (to be used fo	or future annual report	notification)	
For further information concerning	on this matter place up	11.		
FOR AIRMET INJOHNATION CORCERN	ig this matter, prease ca			
Roman Albano			012 022 5244	
	ne of Contact Person)	ar	813-932-5244 rea Code) (Daytime Telephon	e Number)
Enclosed is a check for the follow	ving amount made paya			
KI tas villas vas 🗔	143.75 Filing Fee & 🗔	CA2 75 Ciling Lan R	□\$52.50 Filing Fee	
		Certified Copy	Certificate of Status	
		(Additional copy is	Certified Copy	
		enclosed)	(Additional Copy is Enclosed)	
######################################	nerion.	©44	Address	
<u>Mailing Addr</u> Amendment Se			Address dment Section	
Division of Co			on of Corporations	
P.O. Box 6327		Ctiftor	ı Bullding	
Tailahassee, Fi	. 32314	2661 I	Executive Center Circle	

Tallahassee, Fl. 32301

To:

Fax: +1 (850) 8176380

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Articles of Amendment to Articles of Incorporation

of
MINISTERIO MANA DEL CIELO INC
(Name of Corporation as currently filed with the Florida Dept. of State)
N16000005669
(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: The new Tig.
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: 6271 Rad ford St. (Principal office address MUST BE A STREET ADDRESS) Spring Hill ft 34606
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) Spring Hill fl 34606
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: Hawberto Martinez
6271 Rad ford St. (Floridu street address) New Registered Office Address:
SPRING HIII Florida 34606 (City) (Zip Code)
New Registered Agent's Signature, if changing Registered Agent: I hereby occept the appointment as registered agent. I am familiary with and fought the obligations of the position.
Signature of New Registered Agent, if Changing

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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 ritle 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	V Mike	Doe E Jones Smith	
Type of Action (Check One)	Title	Name	<u>∆ddres</u> s
1) Change Add Remove	<u>SEC</u>	Iris Suarez	7117 HUDSON AVE HUDSON, FL 34667
2) Change	<u>560</u>	Roxana Cespedes	6271 Radford St. Spring Hill FL 34606
Remove 3) Change Add Remove	i i	Jeel Canteru	7117 Hudson Ave Hadson, Fl. 3466
4) Change Add Remove			
5) Change Add Remove			
6) Change Add Remove			

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<mark>f amending or adding additiona</mark> attach additional sheats, if necessa	ry). (Be specifi	c)			
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From: Roman Albano

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The date of each amendment(s) ad	loption:	, if other than the
date this document was signed.		
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this blo document's effective date on the De	ck does not meet the applicable statutory filing requirements, this date wipartment of State's records.	ll not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were ac was/were sufficient for approva	dopted by the members and the number of votes cast for the amendment(s)
There are no members or members adopted by the board of directors	pers entitled to vote on the amendment(s). The amendment(s) was/were ars,	
Dated	0/11/2016	
Signature X	9-100 33 a	
have not be	man or vice chairman of the board, president or other officer-if directors en selected, by an incorporator – if in the hands of a receiver, trustee, or appointed fiduciary by that fiduciary)	***************************************
_	Humberto Martinez	
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	