## N16000005738

(Re	equestor's Name)	<del></del>
(Ad	ldress)	
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## • COVER LETTER

**TO:** Amendment Section Division of Corporations

**Division of Corporations** 

Tallahassee, FL 32314

P.O. Box 6327

MINISTERIOS PO NAME OF CORPORATION:	DER DE DIOS SIN LI	IMITES, INC.	
DOCUMENT NUMBER:			
The enclosed Articles of Amendment and fee are sul	bmitted for filing.		
Please return all correspondence concerning this mat	ter to the following:		
AIDENITH VEGA			
	(Name of Contact Pe	rson)	
MINISTERIOS PODER DE DIOS SIN LIMITES, I	NC.		
	(Firm/ Company	)	
942 TAMIAMI TRAIL, SUITE 302			
	(Address)		
PORT CHARLOTTE, FL 33952			
	(City/ State and Zip C	Code)	
AIDENITH@HOTMAIL.COM			
E-mail address: (to be use	ed for future annual rep	ort notification	
For further information concerning this matter, pleas	e call:		
AIDENITH VEGA	at	941	504-9436
(Name of Contact Perso		(Area Code)	(Daytime Telephone Number)
Enclosed is a check for the following amount made p	payable to the Florida D	epartment of S	State:
\$35 Filing Fee \$43.75 Filing Fee & Certificate of Status	∠ □\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	Certifi Certifi	Filing Fee cate of Status ed Copy ional Copy is sed)
Mailing Address Amendment Section		eet Address	on

Division of Corporations Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

## **Articles of Amendment**

1	Articles of Incorporation		
Minis	sterios Poder Di		Limites
(Name of Corporation	as currently filed with the Florid	da Dept. of State)	,
	16000005138		
(Docum	nent Number of Corporation (if kno	own)	
Pursuant to the provisions of section 617.1006, Flor amendment(s) to its Articles of Incorporation:	rida Statutes, this <i>Florida Not For</i>	Profit Corporation ac	lopts the following
A. If amending name, enter the new name of the	corporation:		
name must be distinguishable and contain the word "Company" or "Co." may not be used in the name		or the abbreviation '	The new "Corp." or "Inc."
B. Enter new principal office address, if applical (Principal office address MUST BE A STREET A)			
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE 1			
	<del>.</del>		
D. If amending the registered agent and/or regis new registered agent and/or the new registered		nter the name of the	
Name of New Registered Agent:			
New Registered Office Address:	(Flor	ida street address)	
		, Florida	
	(City)	(Zip C	
New Registered Agent's Signature, if changing R I hereby accept the appointment as registered agent		he obligations of the p	osition.
_	Signature of New Register	red 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: $\underline{X}$ Change $\underline{X}$ Remove $\underline{X}$ Add	<u>V</u> <u>Mil</u>	n Doe ke Jones ly Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	P	EDUARDO ESTEVE	942 TAMIAMI TRAIL
_ <u>≭</u> _ Add			PORT CHARLOTTE, FL 33952
Remove			
2) Change	<del></del>		
Add			<del></del>
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
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5) Change	<del></del>		
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6) Change			
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attach additional shee	g additional Art	(Be specific)				
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	c date of each amendment(s) adoption:	, if other than the
aate	e this document was signed.	
Eff	ective date if applicable:	· · · · · · · · · · · · · · · · · · ·
	(no more than 90 days after amendment file date)	
	te: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will nument's effective date on the Department of State's records.	not be listed as the
Ado	option of Amendment(s) (CHECK ONE)	
	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.	
	Dated	
	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)	
	AIDENITH VEGA	
	(Typed or printed name of person signing)	
	CHAIRMAN OF THE BOARD OF DIRECTORS/VP	
	(Title of person signing)	