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COVER LETTER

TO: Amendment Section Division of Corporations

MINISTERIOS PODER DE DIOS SIN LIMITES, INC NAME OF CORPORATION: _ DOCUMENT NUMBER: _ The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Sylvia Esteve (Name of Contact Person) Centro Cristiano de Port Charlotte, Inc. (Firm/ Company) 942 Tamiami Trail #301 (Address) Port Charlotte, FL 33953 (City/ State and Zip Code) sylviaesteve@aol.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Sylvia Esteve 440-6349 (Name of Contact Person) (Daytime Telephone Number) Enclosed is a check for the following amount made payable to the Florida Department of State: ■ \$35 Filing Fee □\$43.75 Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is

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

Enclosed)

Articles of Amendment to Articles of Incorporation of

		of	
MINISTERIOS PODER DE DIOS SIN LIMITES (Name of Corporation	<u> </u>	ly filed with the Flo	rida Dept. of State)
(,
(Docur	nent Numbe	er of Corporation (if l	known)
Pursuant to the provisions of section 617.1006, Floramendment(s) to its Articles of Incorporation:	rida Statute	s, this <i>Florida Not F</i>	or Profit Corporation adopts the following
A. If amending name, enter the new name of the	corporati	on:	
name must be distinguishable and contain the word "Company" or "Co." may not be used in the name		ion" or "incorporate	The new d" or the abbreviation "Corp." or "Inc."
B. Enter new principal office address, if applica	_	942 Tamiami Trail #	/ 301
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		Port Charlotte, FL 3	3953
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		942 Tamiami Trail ‡	/ 301
		Port Charlotte, FL 3	3953
D. If amending the registered agent and/or registered new registered agent and/or the new register	ed office a	ldress:	, enter the name of the
Name of New Registered Agent:	Sylvia Est	eve	
	942 Tamiami Trail #301		
New Registered Office Address:		(F	lorida street address)
Port Charle		otte	, Florida
		(City)	(Zip Code)
New Registered Agent's Signature, if changing F I hereby accept the appointment as registered agen			t the obligations of the position.

Page 1 of 4

Registered Agent, if changing

.P 26 AM 10: A

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>Mi</u>	nn Doe ke Jones Ily Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
l)Change	VP	Aidenith Vega	942 Tamiami Trail #301
Add			Port Charlotte, FL 33953
X Remove			
2) Change	VP	Enrique Alicea	942 Tamiami Trail #301
X Add			Port Charlotte, FL 33953
Remove			
3) Change			
Add			
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)			
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		9/20/16	
The	date of each amen	dment(s) adoption:	, if other than the
date	this document was	șigned.	
		09/20/16	
Effe	ctive date <u>if applic</u>		
		(no more than 90 days after amendment file date)	
		ed in this block does not meet the applicable statutory filing requirements, this date will not te on the Department of State's records.	of be listed as the
Ado	ption of Amendme	ent(s) (<u>CHECK ONE</u>)	
	The amendment(s) was/were sufficient	was/were adopted by the members and the number of votes cast for the amendment(s) t for approval.	
	There are no membadopted by the boa	pers or members entitled to vote on the amendment(s). The amendment(s) was/were ard of directors.	
	Dated	09/20/16	
	Signature	Me -	
		By the chairman of 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)	
		Eduardo Esteve	
		(Typed or printed name of person signing)	
		PT	
		(Title of person signing)	