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COVER LETTER

TO: Amendment Section Division of Corporations

Kingdom of C NAME OF CORPORATION:	God Vision Ministerial, In	e 	
N16000008585 DOCUMENT NUMBER:			
The enclosed Articles of Amendment and fee a			
Please return all correspondence concerning the	is matter to the following:		
Rev Alain Villavicencio			
	(Name of Contact	Person)	
Kingdom of God Vision Ministerial, Inc			
	(Firm/ Compa	iny)	
5050 NW 7th Street. Unit # 503			
	(Address)		
Miami, Florida 33126			
	(City/ State and Z	p Code)	<u> </u>
kingdomsafetyalainpi@yahoo.com			
E-mail address: (to l	oe used for future annual	report notification	n)
For further information concerning this matter,	please call:		
Rev. Alain Villavicencio		305 at	748-7928
(Name of Contact	Person)	(Area Code)	(Daytime Telephone Number)
Enclosed is a cheek for the following amount in	nade payable to the Florid	a Department of	State:
■ \$35 Filing Fee □\$43.75 Filing I Certificate of \$	Fee & US43.75 Filing For Status Certified Copy (Additional cop- enclosed)	Certif y is Certif	0 Filing Fee licate of Status licd Copy tional Copy is osed)
Mailing Address Amendment Section		Street Address Amendment Sect	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

Articles of Amendment to Articles of Incorporation of

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20/80	E (E/)
AZG	Pay

Kingdom of God Vision Ministerial, Inc

(Name of Corporation as curren	ntly filed with the Florida Dept. of State)		
N16000008585			
(Document Numb	per of Corporation (if known)		
Pursuant to the provisions of section 617,1006, Florida Statute amendment(s) to its Articles of Incorporation:	es, this Florida Not For Profit Corporation adopts the following		
A. If amending name, enter the new name of the corporati	ion:		
N/A	The ne		
name must be distinguishable and contain the word "corporai "Company" or "Co." may not be used in the name.	tion" or "incorporated" or the abbreviation "Corp." or "Inc		
B. Enter new principal office address, if applicable:	5050 NW 7th, Street		
(Principal office uddress <u>MUST BE A STREET ADDRESS</u>)	ESS) Suite # 503		
	Miami, Florida 33126		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	5050 NW 7th, Street		
	Suite # 503		
	Miami, Florida 33126		
D. If amending the registered agent and/or registered office new registered agent and/or the new registered office a			
Name of New Registered Agent: N/A			
New Registered Office Address:	(Florida street address)		
	Florida		
	(City) (Zip Code)		
New Registered Agent's Signature, if changing Registered I hereby accept the appointment as registered agent. I am far			
Si	ignature 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, an 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>Mil</u>	un Doe ke Jones ly Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	PTS	Alain Villavicencio	5050 NW 7th Street
X Add			Suite # 503
Remove			Miami, Florida 33126
2) Change	VPTS	Maria M Mercado	4545 NW 7th Street
Add			Suite # 9
X Remove			Miami, Florida 33126
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

E. If amending or adding additional Article (attach additional sheets, if necessary).	cles, enter change(s) here: (Be specific)
N/A	
	<u>. </u>
	

·	December 14th, 2018	
The date of each amendr	ment(s) adoption:	, if other than th
date this document was sig	gned.	
	December 14th, 2018	
Effective date if applicab		
	(no more than 90 days after amendment file date)	
	in this block does not meet the applicable statutory filing requirements, this date will ron the Department of State's records.	not be listed as the
Adoption of Amendment	(CHECK ONE)	
☐ The amendment(s) w was/were sufficient for	as/were adopted by the members and the number of votes cast for the amendment(s) or approval.	
There are no member adopted by the board	rs or members entitled to vote on the amendment(s). The amendment(s) was/were lof directors.	
	ecember 14th, 2018	
Dated	(··)	
	A/c	
Signature _/	/{/9M4/	
	y the chairman or vice chairman of the board, president or other officer-if directors	
•	ive not been selected, by an incorporator – if in the hands of a receiver, trustee, or	
ot	her court appointed tiduciary by that fiduciary)	
	Alain Villavicencio	
	(Typed or printed name of person signing)	
	President, Treasurer, Secretary	
	(Title of person signing)	