N16000008797

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TO: Amendment Section
Division of Corporations

MINISTERIO '	"EL LUGAR ALTO" INC
N16000008797	
DOCUMENT NUMBER:	
The enclosed Articles of Amendment and fee are	submitted for filing.
Please return all correspondence concerning this	matter to the following:
MARIEL PARRA	
	(Name of Contact Person)
M&M ASSOCIATES	
	(Firm/ Company)
2350 WEST 84 STREET SUITE 7	
	(Address)
HIALEAH FL 33016	
	(City/ State and Zip Code)
	A. A.
E-mail address: (to be	used for future annual report notification)
For further information concerning this matter, pl	lease call:
MARIEL PARRA	305 698-8171
(Name of Contact Pe	
Enclosed is a check for the following amount made	de payable to the Florida Department of State:
\$35 Filing Fee \$43.75 Filing Fe Certificate of Sta	ce & \$\Bigcup \\$43.75 \text{ Filing Fee & Certified Copy (Additional copy is enclosed)} \Bigcup \\$52.50 \text{ Filing Fee Certificate of Status Certified Copy (Additional Copy is Enclosed)}

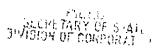
Mailing Address

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

Articles of Amendment to Articles of Incorporation of



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MINISTERIO "EL LUGAR ALTO" INC		
(Name of Corporation as curr	ently filed with the l	florida Dept. of State)
N16000008797		
(Document Nur	nber of Corporation (if known)
Pursuant to the provisions of section 617.1006, Florida Statemendment(s) to its Articles of Incorporation:	utes, this <i>Florida Not</i>	For Profit Corporation adopts the following
A. If amending name, enter the new name of the corpor	ation:	
		The new
nane must be distinguishable and contain the word "corpo "Company" or "Co." may not he used in the name	ration" or "incorpor	ated" or the abbreviation "Corp." or "Inc."
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRES</u>	<u></u>	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
D. If amending the registered agent and/or registered of new registered agent and/or the new registered office	fice address in Flori address:	da, enter the name of the
Name of New Registered Agent:		
	(Florida street address)	
New Registered Office Address:		
		, Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if changing Registered liberally accept the appointment as registered agent. I am	ed Agent: familiar with and acc	ept the obligations of the position.
	Signature of New Pa	vistered Avent, if chanving

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 <math>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 D V Mike J SV Sally S	ones	
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			
Add			

E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific)				
AMENDING ARTICLE IX. PLEASE SEE ATTACHMENT 1 FOR DETAIL				

ATTACHMENT 1

ARTICLES OF AMENDMENT MINISTERIOS "EL LUGAR ALTO" INC N16000008797

ARTICLE IX:

DISTRIBUTION OF ASSETS UPON DISSOLUTION

UPON THE DISSOLUTION OF THE CORPORATION, THE BOARD OF DIRECTORS SHALL, AFTER PAYING OR MAKING PROVISIONS FOR THE PAYMENT OF ALL THE LIABILITIES OF THE CORPORATION, DISTRIBUTE ALL OF THE ASSETS OF THE CORPORATION EXCLUSIVELY FOR CHARITABLE, EDUCATIONAL, RELIGIOUS, OR SCIENTIFIC PURPOSES TO SUCH "QUALIFIED" ORGANIZATION OR ORGANIZATIONS AS THE BOARD OF DIRECTORS SHALL DETERMINE. AN ORGANIZATION SHALL BE DEEMED TO BE "QUALIFIED" ORGANIZATION FOR PURPOSES OF THIS ARTICLE IX ONLY IF AT THE TIME OF THE DISTRIBUTION OF SUCH ASSETS IT IS ORGANIZED AND OPERATED EXCLUSIVELY FOR THE PURPOSES DESCRIBED IN SECTION 170(C)(2)(B) OF THE CODE AND IS DESCRIBED IN SECTION 509(A)(1), (2), OR (3) OF THE CODE. ANY OF SUCH ASSETS NOT SO DISTRIBUTED SHALL BE DISTRIBUTED BY THE CIRCUIT COURT OF THE COUNTY IN WHICH THE PRINCIPAL OFFICE OF THE CORPORATION IS THEN LOCATED, EXCLUSIVELY FOR THE AFORESAID PURPOSES OF THE CORPORATION OR TO SUCH QUALIFIED ORGANIZATION OR ORGANIZATIONS AS SAID COURT SHALL DETERMINE.

	09/30/2016	fit at to	
The date of each amendment(s) adoption	on:	A PART I AR if other than the	
date this document was signed.		ACTAL TAR If other than the	
09/30/20	16	2010 00-	
Effective date if applicable:		2016 OCT AM 10: 28	
	(no more than 90 days after amendment file date)		
Note: If the date inserted in this block document's effective date on the Department.	oes not meet the applicable statutory filing requirements, the nent of State's records.	is date will not be listed as the	
Adoption of Amendment(s)	(CHECK ONE)		
The amendment(s) was/were adopte was/were sufficient for approval.	d by the members and the number of votes cast for the amo	endment(s)	
There are no members or members of adopted by the board of directors. Dated Signature	entitled to vote on the amendment(s). The amendment(s) w	vas/were	
(By the chairman have not been se	or vice charman of the board, president or other officer-if exted, by an incorporator — if in the hands of a receiver, transled fiduciary by that fiduciary)		
	(Typed or printed name of person signing)		
PRESIDENT			
- Nagaran markapi dan sajara dalipindan	(Title of person signing)	 	