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COVER LETTER

TO: Amendment Section Division of Corporations

> P.O. Box 6327 Tallahassee, FL 32314

NAME OF CORPORATION:	ABRA EN ACCION	FLORIDA CO	ORP
DOCUMENT NUMBER: N16000010717			
The enclosed Articles of Amendment and fee are subn	nitted for filing.		
Please return all correspondence concerning this matte	r to the following:		
OR1.	.ANDO CARRASQU	ЛЬО	
	(Name of Contact Pe	rson)	
OC (CONSULTING FIRM	4 INC	
	(Firm/ Company	}	
4911	SPARKLING PINE	S CIR	
	(Address)		
FO	RT PIERCE, FL 349	9 51	
(City/ State and Zip C	'ode1	
	LTINGFIRM@YAF		
E-mail address: (to be used	for future annual repo	ort notification	1)
For further information concerning this matter, please c	call:		
ORLANDO CARRASQUILLO	at	561	542-5465
(Name of Contact Person)		(Area Code)	(Daytime Telephone Number)
Enclosed is a check for the following amount made pay	able to the Florida D	epartment of :	State:
□ \$35 Filing Fee ■\$43.75 Filing Fee & E Certificate of Status	D\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	Certifi Certifi	O Filing Fee scate of Status led Copy tional Copy is used)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327	Street Address Amendment Section Division of Corporations Clifton Building		

2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

FILED SO

IGLESIA PALABRA EN ACCION FLORIDA CORP (Name of Corporation as currently filed with the Florida Dept. of State N16000010717 (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: MISION PALABRA EN ACCION FLORIDA INTERNACIONAL INC. 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: (Principal office address MUST BE A STREET ADDRESS) C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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: (Florida street address) New Registered Office Address: , Florida (City) (Zip Code) New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

Signature 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, 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 = ChiefExecutive 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>	n Doe ke Jones ly Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) X Change	P / F	ISAIAS E. YAX	15026 SW JACKSON AVE
Add			INDIANTOWN, FL 34956
Remove			
2) X Change	<u>s</u>	MARCELINA MIGUEL GOMEX	15856 SW 151ST STREET
Add			INDIANTOWN, FL 34956
Remove			· · · · · · · · · · · · · · · · · · ·
3) X Change	T'	ALFREDO LOPEZ RSCOBAR	15856 SW 151ST STREET
Add			INDIANTOWN, FL 34956
Remove			
4) Change	VP	JOSE GABRIEL GARCIA	6400 SOUTHWEST FWY E
X Add			HOUSTING, TX 77074
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

If amending or adding additional Arti (attach additional sheets, if necessary).	(Be specific)					
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The date of each amendment(s) adoption:	, if other than t
Effective date if applicable:	<u>. </u>
(no more than 90 days after amendment file date)	
<u>Note:</u> If the date inserted in this block does not meet the applicable statutory filing requirements, this date will n document's effective date on the Department of State's records.	ot be listed as the
Adoption of Amendment(s) (<u>CHECK ONE</u>)	
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.	
Signature (By the 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)	
/ ISAIAS E. YAX	
(Typed or printed name of person signing)	
PRESIDENT	
(Title of person signing)	