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SECRETARY OF STAIL STAIL

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATI		ESUCRISTO MISIO	N CRISTIAN	A ELIM MIAMI, INC
DOCUMENT NUMBER:	N17000000462			
The enclosed Articles of An	nendment and fee are subtr	nitted for filing.		
Please return all correspond	ence concerning this matter	to the following:	•	
FRANCISCO ALVAREZ				
<u></u>	(Name of Contact Per	rson)	
		(F) (G)		
		(Firm/ Company))	
5306 NW 198 TER				
		(Address)		
MIAMI GARDENS, FL 33	055			
	. (City/ State and Zip C	Code)	
floralvarez132@gmail.com				
]:	-mail address: (to be used	for future annual repo	ort notification)
For further information cond	erning this matter, please c	all:		
FRANCISCO ALVAREZ		at	786	399 0420
	(Name of Contact Person)		(Area Code)	(Daytime Telephone Number)
Enclosed is a check for the f	ollowing amount made pay	able to the Florida D	epartment of S	tate:
\$35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	3\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	Certifi Certifi	Filing Fee cate of Status ed Copy is sed)
Mailing A	Address	Stre	et Address	

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



MINISTERIO DE JESUCRISTO MISION CRISTIANA ELIM MIAMI, INC.

2017 MAY -2 PH 1: 57

(Name of Corporation as cu	arrently filed with the Flori	da Dept. of State)
N17000000462		
(Document N	Number of Corporation (if kn	own)
Pursuant to the provisions of section 617.1006, Florida S amendment(s) to its Articles of Incorporation:	tatutes, this <i>Florida Not For</i>	Profit Corporation adopts the following
A. If amending name, enter the new name of the corp	oration:	
MISION CRISTIANA ELIM MIAMI, INC.		The new
name must be distinguishable and contain the word "cor "Company" or "Co." may not be used in the name.	poration" or "incorporated"	
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDR.	ESS)	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
D. If amending the registered agent and/or registered new registered agent and/or the new registered of		enter the name of the
Name of New Registered Agent:		
New Registered Office Address:	(Flo	rida street address)
		, Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if changing Registe I hereby accept the appointment as registered agent. I a		he obligations of the position.
-	Signature of Nav Pegiste	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: X Change X Remove X Add	PT V SV	John Doe Mike Jones Sally Smith	
Type of Action (Check One)	Title	Name	<u>Addres</u> s
1) Change			
Add			
Remove			
2) Change			
Add			
Remove			
3) Change			<u> </u>
Add			
Remove			
4) Change		_	
Add			
Remove			
5) Change			
Add			
Remove			
6) Change		_	
Add			
Remove			

utach additiona	adding addition sheets, if neces	sary). ' (Be spe	ecific)					
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		04/20/2017	
	e date of each amendment(s) adoption:	, if other than the
date	e this document was signed.		
		04/26/2017	
Eff	ective date <u>if applicable</u> :		
		(no more than 90 days after amendment file date)	
Not	te: If the date inserted in thi	s block does not meet the applicable statutory filing requirements, this date will not	be listed as the
		e Department of State's records.	
Ado	option of Amendment(s)	(<u>CHECK ONE</u>)	
	The amendment(s) was/we was/were sufficient for app	ere adopted by the members and the number of votes cast for the amendment(s) proval.	
	There are no members or r adopted by the board of di	nembers entitled to vote on the amendment(s). The amendment(s) was/were rectors.	
	04/26 Dated	5/2017	
	Signature	Lufahung.	
	(By the	chairman or vice chairman of the board, president or other officer-if directors	
		t been selected, by an incorporator - if in the hands of a receiver, trustee, or	
	other co	ourt appointed fiduciary by that fiduciary)	
	FRA	NCISCO ALVAREZ	
		(Typed or printed name of person signing)	
	PRE	SIDENT	
	<u></u>	(Title of person signing)	