## N17000000462

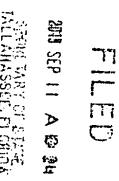
(Re	equestor's Name)		
(Ad	dress)		
(Ad	ldress)		
(Cit	ty/State/Zip/Phone	· #)	
PICK-UP	☐ WAIT	MAIL	
(Bu	siness Entity Nam	ne)	
(Do	ocument Number)		
Certified Copies	_ Certificates	of Status	
Special Instructions to Filing Officer:			

Office Use Only



700333414167

05/11/19--0.009--013 \*\*35.00



## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPORATION	MISION CRISTIAN	A ELIM MIAMI,	INC.			
	N17000000462					
DOCUMENT NUMBER:	-					_
The enclosed Articles of Am	nendment and fee are sub	mitted for filing.				
Please return all corresponde	ence concerning this matte	er to the following:				
FRANCISCO ALVAREZ						
		(Name of Contact	Perso	n)	<u> </u>	_
<u>.</u>						
		(Firm/ Compa	iny)			
5306 NW 198 TER						
		(Address)				_
MIAMI GARDENS, FL 330	055					
-		(City/ State and Zi	p Cod	e)	<u> </u>	
floralvarez132@gmail.com						
E	-mail address: (to be used	for future annual	eport	notification	)	_
For further information conc	erning this matter, please	call:				
FRANCISCO ALVAREZ			at	786	3990420	
	(Name of Contact Person	n)	(A	rea Code)	(Daytime Telephone Number)	
Enclosed is a check for the f	ollowing amount made pa	yable to the Florid	a Depa	artment of S	tate:	
\$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing For Certified Copy (Additional copy enclosed)		Certifi Certifi	Filing Fee cate of Status ed Copy ional Copy is sed)	
Mailing A	ddress	9	Street	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

FILED

MISION CRISTIANA ELIM MIAMI, INC.

(Name of Corporation as current	y filed with the Florida Dept.	SEP 11	A 10 21
N17000000462			
(Document Number	r of Corporation (if known)	GELEE WARY D MALLAHASSEE.	FLONE
Pursuant to the provisions of section 617,1006, Florida Statutes amendment(s) to its Articles of Incorporation:	, this <i>Florida Not For Profit C</i>		
A. If amending name, enter the new name of the corporation	n:		
			he new
name must be distinguishable and contain the word "corporation of the word "corporation of the name of	on" or "incorporated" or the a	ibbreviation "Corp." or	"Inc. "
B. Enter new principal office address, if applicable:	7620 NW 22 AVE.		
(Principal office address <u>MUST BE A STREET ADDRESS</u> )	MIAMI, FL. 33147		
			-
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 ad			
Name of New Registered Agent:			
	(Florida street address)		
New Registered Office Address:			
		, Florida	
	(City)	(Zip Code)	
New Registered Agent's Signature, if changing Registered A hereby accept the appointment as registered agent. I am fam		ations of the position.	
Sig		nt. 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	<u>PT</u> <u>V</u> <u>SV</u>	John Doe Mike Jones Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change			
Remove			
2) Change		<del></del>	
Add			
3 ) Change			
Add			
4) Change			
Add Remove			
5) Change			
Add			
6) Change			
Add Remove			

E. <u>If amending or adding additional Articles, enter change(s) here:</u> (attach additional sheets, if necessary). (Be specific)				
2000000				
1.11.2				
	AMAGENTA			
	· · · · · · · · · · · · · · · · · · ·			
<del></del>				

		09/03/2019	
	e date of each amendment( this document was signed.	s) adoption:	, if other than the
	ective date if applicable:	09/03/2019	
LIII	applicable.	(no more than 90 days after amendment file date)	
		is block does not meet the applicable statutory filing requirements, this date will not be e Department of State's records.	: listed as the
Ado	option of Amendment(s)	(CHECK ONE)	
	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 adopted by the board of di	members entitled to vote on the amendment(s). The amendment(s) was/were irectors.	
	09/03/2 Dated	2019	
	Signature	De felició	
	have no	chairman or vice chairman of the board, president or other officer-if directors of been selected, by an incorporator – if in the hands of a receiver, trustee, or ourt appointed fiduciary by that fiduciary)	
	FRA	ANCISCO ALVAREZ	
		(Typed or printed name of person signing)	
	PRE	ESIDENT	
		(Title of person signing)	