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## **COVER LETTER**

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: MIHISTERIO INTERHACIONAL CORPORATION
DOCUMENT NUMBER: HITOGGOCG & ZO
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
MANUEL CASTILLO (Name of Contact Person)
MINISTERIO INTERNACIONAL CORPORATION (Firm/Company)
5530 98TH AVE. N. (Address)
DINELLAS PARK FL 33782  (City/ State and Zip Code)  MCASTILLO 54360 GMAILCOM  E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
MANUEL CASTILLO at 727 Z88 4942  (Name of Contact Person) (Area Code) (Daytime Telephone Number)
Enclosed is a check for the following amount made payable to the Florida Department of State:
\$35 Filing Fee Certificate of Status Certified Copy (Additional copy is enclosed)  \$35 Filing Fee Certificate of Status Certified Copy (Additional Copy is Enclosed)
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, Fl. 323142661 Executive Center CircleTallahassee, Fl. 32301

## Articles of Amendment Articles of Incorporation of

MILISTERIO PHITERIA	CICHAL CORPORATION			
(Name of Corporation as currently filed with the Florida Dept. of State)				
H17000000620				
(Document Numb	er of Corporation (if known)			
·				
Pursuant to the provisions of section 617.1006, Florida Statute	s, 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 corporati				
MILISTERIO INTERHACIONAL"EG	LESTA LLUVÍA DE GRACÍA CORP. The new			
name must be distinguishable and contain the word "corporal	tion" 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:	SAME AS FILED			
(Principal office address MUST BE A STREET ADDRESS	)			
<u></u>				
	. 23			
C. Enter new mailing address, if applicable:	SAME AS FILED F			
(Mailing address MAY BE A POST OFFICE BOX)				
	74. 9			
	50			
D. If amending the registered agent and/or registered off	ice address in Florida, enter the name of the			
new registered agent and/or the new registered office	add Cast			
Name of New Registered Agent: 51.	AME AS FILED			
Name of New Register our Register				
	(Florida street address)			
New Registered Office Address:				
1.00	, Florida			
	(City) (Zip Code)			
New Registered Agent's Signature, if changing Registere	d Agent:  firmiliar with and accept the obligations of the position.			
New Registered Agent's Signature, if changing Registered I hereby accept the appointment as registered agent. I am j	amuna wan and decept the same of the same			
. 1	la			
	Signature of New Registered Agent, if changing			
Signature of New Reguler on Tig.				

address of each Officer a (Attach additional sheets, Please note the officer/dir P = President; V= Vice P Executive Officer; CFO = held. President, Treasurer	and/or Director b if necessary) rector title by the f resident; T= Trea = Chief Financial ( r, Director would	eing added: first letter of the office title: surer; S= Secretary; D= Direct Officer. If an officer/director ho be PTD.	or; TR= Trustee; C = Chairman or Clerk; CEO = Chief olds more than one title, list the first letter of each office isted as the PST and Mike Jones is listed as the V. There is
a change, Mike Jones leav Mike Jones, V as Remove,	ves the corporatio	n, Sally Smith is named the $V$ ar	nd S. These should be noted as John Doe, PT as a Change,
Example:  X Change X Remove X Add	PT         John Do           V         Mike Jo           SV         Sally Sr	one <u>s</u>	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
l) Change			
Remove			
2) Change			
Remove 3) Change			
Add			
Remove 4) Change			-
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Remove  5) Change			<del> </del>
Add			
Remove			
6) Change			

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and

Remove

attach additional sheets, if ne	cessary). (Be spe	ecific)		
NA				
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•		. ,		
The date of each amendment(s) adoption: date this document was signed.	CZ	10/2	017	, if other than the
Effective date if applicable:		118/2	<del></del>	
(no n	iore than 90 d	ays after amen	dment file dai	(e)
Note: If the date inserted in this block does not document's effective date on the Department of			filing require	ements, this date will not be listed as the
Adoption of Amendment(s) (CH	ECK ONE)			
The amendment(s) was/were adopted by th was/were sufficient for approval.	e members and	d the number o	f votes cast fo	or the amendment(s)
There are no members or members entitled adopted by the board of directors.	to vote on the	amendment(s)	). The amend	ment(s) was/were
Dated 02 10	1201	1		
Signature /	e .			
(By the chairman or vice	⊢chairman of t	he board, presi	ident or other	officer-if directors
have not been selected.	by an incorpo	rator — if in the	: hands of a re	eceiver, trustee, or
other court appointed fi	ductary by tha	it fiduciary)		
MANUE	ے ہا	45TPL	ار	
	(Typed or	printed name of	of person sign	ing)
PE	ESIL	DE FU	<u> </u>	
	-	(Title of pers	on signing)	