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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: MINISTER	o Evagelistico Juan 5:	39	
DOCUMENT NUMBER: N 17 OC	00001943		
The enclosed Articles of Amendment and fee are subm	nitted for filing.		
Please return all correspondence concerning this matter	er to the following:		
Rod Ram	Name of Contact Person		
	Name of Contact Person		
Kem Mu	HI services		
	Firm/ Company		
PO BO	X 263172		
	Address		
Tampa	A 33685		
	City/ State and Zip Code		
11	1		<u>9</u>
remmulti servicio.	Je a mail com	17	≤ 55
E-mail address: (to be used	i for future annual report notification)		
For further information concerning this matter, please	call:	් න	35
Rod Rammez	at 813 8104881	PM 12: 3) 98 0 98 0
Name of Contact Person	Area Code & Daytime Telephone Number	173	E A
Enclosed is a check for the following amount made pay	yable to the Florida Department of State:	37	Syeli
□ \$35 Filing Fee □\$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is Certified Copy		
	enclosed) (Additional Copy is enclosed)		
Mailing Address	Street Address		
Amendment Section	Amendment Section		

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

TANA O PARIONS

Ministerio Evagelistico Juan: 5-39 (nc.
(Name of Corporation as currently filed with the Florida Dept. of State)

N 17000001943

(Document Number of Corporation (if known)

Pursuant to the provisions of section 607.1006, Florida Statutes, this *Florida Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

A. If amending name, enter the new name of the co	orporation:		~ INTO
MINISTERIO EVANO	GELISTICO	JAWAN	5:39 No
ame must be distinguishable and contain the wor		v," or "incorporated	I" or the abbreviation
Corp.," "Inc.," or Co.," or the designation "Corp			
ord "chartered," "professional association," or the	abbreviation "P.A."	•	
. Enter new principal office address, if applicable			
Principal office address <u>MUST BE A STREET ADI</u>	DRESS)		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BO	<u></u>)		·
			
. If amending the registered agent and/or register		a, enter the name of	<u>the</u>
new registered agent and/or the new registered	office address:		
Name of New Registered Agent			
.tume of them registered rigem			
	(Florida street address)		
New Registered Office Address:		, Flo	
	(City)		(Zip Code)
ID 14 IA 41 Structure if A I Due	-tutumud Amonto		
ew Registered Agent's Signature, if changing Reginereby accept the appointment as registered agent.		nt the obligations of t	ha nacitiau
петелу ассерт те арропитет из registeren адет.	Tam jamiliar with and acce	pi ine omiganons oj i	ne position.
Sign	nature of New Registered Age	ent, 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	<u>PT</u>	John Do	<u>oe</u>	
X Remove	<u>v</u>	Mike Jo	nes	
X Add	<u>sv</u>	Sally Sn	<u>nith</u>	
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				
6) Change		_		
Add				
Remove				

	adding additional Art al sheets, if necessary).	(Be specific)			
			Patrice Control of the Control of th		
					· .
If an amendme	nt provides for an exc	hange, reclassific	ation, or cancellati	on of issued share	<u>s,</u>
provisions for (if not app	implementing the ame licable, indicate N/A)	endment if not co	ntained in the ame	ndment itself:	

The date of each amendment(s) adoption:	, if other than the
Effective date if applicable: ASAP April 30, 2017	
(no more than 90 days after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date we document's effective date on the Department of State's records.	ill not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.	
The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):	
"The number of votes east for the amendment(s) was/were sufficient for approval	
by`	
(voting group)	
The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.	
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
Dated April 1 2017	
Auria Como	
Signature By a director, president or officer – if directors or officers have not been	
(selected, by an incorporator – if in the hands of a receiver, trustee, or other court	
appointed fiduciary by that fiduciary)	
(Typed or printed name of pyrson signing)	
(Typed or printed name of person signing)	
President	
(Title of person signing)	