## 1700000F186

| (Req                      | uestor's Name)   |             |  |  |
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| (City,                    | /State/Zip/Phone | e #)        |  |  |
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ECRETARY OF STATE

MAY 1 6 2017

T. LEMIEUX



## **COVER LETTER**

TO: Amendment Section **Division of Corporations** 

| NAME OF CORPORATION           | Ministerio internacio                      | nal Soplo de Vida, I  | nc.                |  |
|-------------------------------|--|---|--------------------|--|
| DOCUMENT NUMBER:              | N17000001986                               | -   |                    |  |
| The enclosed Articles of An   | nendment and fee are subm                  | nitted for filing.  |                    |  |
| Please return all correspond  | ence concerning this matte                 | r to the following:   |                    |  |
| 4612 Balboa Dr. Orlando, F    | FI 32808                                   |   |                    |  |
|                               |  | (Name of Contact Pe   | erson)             |  |
| Jessica Feliciano             |  |   |                    |  |
|                               |  | (Firm/ Company  | /)                 |  |
| Ministerio Internacional So   | plo de Vida                                |   |                    |  |
|                               |  | (Address)   | ·                  |  |
| 4612 Balboa Dr. Orlando, F    | rl 32808                                   |   |                    |  |
|                               |  | (City/ State and Zip  | Code)              |  |
| feliciano2612@yahoo.es        |  |   |                    |  |
| Т.                            | -mail address: (to be used                 | for future annual rep   | ort notification   | n)   |
| For further information cond  | erning this matter, please                 | call:   |                    |  |
| Cesar Feliciano               |  | at  | 321                | 303-1181   |
|                               | (Name of Contact Person)                   |   | (Area Code)        | (Daytime Telephone Number)                                 |
| Enclosed is a check for the f | ollowing amount made pay                   | yable to the Florida I  | Department of      | State:   |
| ■ \$35 Filing Fee             | \$43.75 Filing Fee & Certificate of Status | □\$43.75 Filing Fee<br>Certified Copy<br>(Additional copy is<br>enclosed) | Certif<br>s Certif | 0 Filing Fee icate of Status ied Copy tional Copy is used) |
| Mailing A                     | ddmaec                                     | C4  |                    |  |

Mailing Address
Amendment Section Division of Corporations P.O. Box 6327

Tallahassee, FL 32314

Street Address
Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of

| Ministerio internacional Soplo de Vida,Inc.  |                  |                               |                             |                             |             |
|--|------------------|-------------------------------|-----------------------------|-----------------------------|-------------|
| (Name of Corporation   | as curren        | tly filed with the Flor       | rida Dept. of S             | tate)                       |             |
| N1700001986  |                  |                               |                             |                             |             |
| (Docur   | ment Numb        | er of Corporation (if k       | nown)                       |                             |             |
| Pursuant to the provisions of section 617.1006, Flo amendment(s) to its Articles of Incorporation:   | rida Statute     | s, this <i>Florida Not Fo</i> | r Profit Co <del>r</del> po | ration adopts the following | owing       |
| A. If amending name, enter the new name of the   | e corporati      | on:                           |                             |                             |             |
|  |                  |                               |                             | Th                          | e new       |
| name must be distinguishable and contain the word<br>"Company" or "Co." may not be used in the nam   |                  | ion" or "incorporated         | l" or the abbre             |                             |             |
| B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)  |                  | 4612 Balboa Dr                |                             |                             |             |
|  |                  | Orlando, Fl                   |                             |                             |             |
|  |                  | 32808                         |                             |                             | <del></del> |
| C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)  D. If amending the registered agent and/or registered agent and/or the new registered Agent:  Name of New Registered Agent: | stered offic     | ddress:                       | enter the nam               | e of the                    |             |
|  |                  |                               |                             |                             |             |
| New Registered Office Address:   |                  | (Flo                          | orida street addre          | ss)                         |             |
|  | 4612 Balb        | oa Dr.Orlando                 |                             | Florida 32808               |             |
|  |                  | (City)                        |                             | (Zip Code)                  |             |
| New Registered Agent's Signature, if changing I<br>I hereby accept the appointment as registered agen  | i. Tam fan<br>Le |                               | em.                         | T EN                        |             |
|  | P                | age 1 of 4                    |                             |                             |             |

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.

| $\begin{array}{ccc} \text{Example:} & & & \\ \underline{X} \text{ Change} & & \underline{PT} \\ \underline{X} \text{ Remove} & & \underline{Y} \\ \underline{X} \text{ Add} & & \underline{SV} \end{array}$ |              | <u>Mike Jones</u> |                       |  |
|---|--------------|-------------------|-----------------------|--|
| Type of Action<br>(Check One)   | <u>Title</u> | <u>Name</u>       | <u>Addres</u> s       |  |
| 1) Change   | Sec          | Jessica Feliciano | 4612 Balboa Dr        |  |
| X Add   |              |                   | Orlando,Florida       |  |
| Remove  |              |                   | 32808                 |  |
| 2) Change   | Treas        | Angel M. Perez    | 2539 Rector Ave       |  |
| X Add   | •            | _                 | Orlando, Florida      |  |
| Remove  |              |                   | 32818                 |  |
| 3) Change   | Dir          | Carmen J. Lopez   | 52 North Hiawassee Rd |  |
| X Add   |              |                   | Orlando, Florida      |  |
| Remove  |              |                   | 32835                 |  |
|   |              |                   |                       |  |
| 4) Change   |              |                   |                       |  |
| Add   |              |                   |                       |  |
| Remove  |              |                   |                       |  |
| 5) Change   |              |                   |                       |  |
| Add   |              |                   |                       |  |
| Remove  |              |                   |                       |  |
| <del></del>   |              |                   |                       |  |
| 6) Change   |              | _                 |                       |  |
| Add   |              |                   |                       |  |
| Remove  |              |                   |                       |  |

|                          | e date of each amendment(s) add<br>e this document was signed.             | 05/05/2017<br>ption:   | , if other than the                      |
|--------------------------|--|--|--|
|                          | 05/05 ective date if applicable:   | 2017   |  |
|                          |  | (no more than 90 days after amendment file date)   |  |
|                          | te: If the date inserted in this bloc<br>ument's effective date on the Dep | k does not meet the applicable statutory filing requirement artment of State's records.                                  | nts, this date will not be listed as the |
| Adoption of Amendment(s) |  | ( <u>CHECK ONE</u> )   |  |
|                          | The amendment(s) was/were add was/were sufficient for approval             | pted by the members and the number of votes cast for th  | e amendment(s)                           |
|                          | There are no members or member adopted by the board of director            | ers entitled to vote on the amendment(s). The amendmen s.  | it(s) was/were                           |
|                          | Dated 05/05/2017   |  |  |
|                          | have not been  | nan or vice chairman of the board, president or other office selected, by an incorporator – if in the hands of a receive |  |
|                          | •  | opointed fiduciary by that fiduciary)  USAR FEII CIANO   |  |
|                          |  | (Typed or printed name of person signing)  |  |
|                          |  | Presiden   |  |
|                          |  | (Title of person signing)  |  |