N17000012449

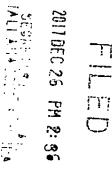
(Requestor's Name)	
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COVER LETTER

TO: Amendment Section Division of Corporations La Vid International, Inc. NAME OF CORPORATION: N17000012449 DOCUMENT NUMBER: _ The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Pedro Betancourt (Name of Contact Person) La Vid International Inc (Firm/ Company) 8697 White Swan Dr Unit 104 (Address) Tampa, FL 33614 (City/ State and Zip Code) admin@sovereignaccountantsgroup.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: 6003351 Sovereign Accountants Group (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: S35 Filing Fee □\$43.75 Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee

> Certified Copy (Additional copy is

enclosed)

Mailing Address
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, Fl. 32314

Certificate of Status

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

Certificate of Status

Certified Copy (Additional Copy is

Enclosed)

Articles of Amendment to Articles of Incorporation of

La Vid International Inc		
(Name of Corporation as c	urrently filed with the Flor	rida Dept. of State)
N17000012449		
(Document	Number of Corporation (if k	nown)
Pursuant to the provisions of section 617.1006, Florida 9 amendment(s) to its Articles of Incorporation:	Statutes, this <i>Florida Not Fo</i>	or Profit Corporation adopts the following
A. If amending name, enter the new name of the corp	poration:	
La Vid International Ministry Inc		The new
name must be distinguishable and contain the word "co "Company" or "Co." may not be used in the name	rporation" or "incorporated	
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDR	RESS)	
C. Enter new mailing address, if applicable: (Mailing address <u>MAY BE A POST OFFICE BOX</u>	: ————————————————————————————————————	20 1 BEC 2
D. If amending the registered agent and/or registere new registered agent and/or the new registered of		enter the name of the
Name of New Registered Agent:		
New Registered Office Address:	ıF	lorsda street address)
		Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if changing Regis I hereby accept the appointment as registered agent. I		the obligations of the position.
	Signature of New Regis	tered 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	<u>PT</u> <u>V</u> <u>SV</u>	John Do Mike Jo Sally Sr	<u>ones</u>		
Type of Action (Check One)	<u>Title</u>		<u>Name</u>		<u>Addres</u> s
1) Change		_	·	-	
Add					
Remove					
2) Change		_	·		
Add				-	
Remove					
3) Change		_		_	
Add					
Remove					
4) Change		_		-	
Add					
Remove					
51 Change		_		-	
Add					
Remove					
6) Change					
Add		_		•	
Remove				•	

attach additional sheets, if necessary).	(Be specific)			
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•	12/19/2017	
The date of each amendment(s) add		, if other than the
ate this document was signed.		
Offective date if applicable:		
meetive date in applicable.	(no more than 90 days after amendment file date)	
Note: If the date inserted in this bloc locument's effective date on the Dep	ek does not meet the applicable statutory filing requirements, this date will nurthent of State's records.	ot be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were add was/were sufficient for approval	opted by the members and the number of votes cast for the amendment(s).	
adopted by the board of director Dated / J Signature / J	ers entitled to vote on the amendment(s). The amendment(s) was/were rs. The amendment(s) was/were rs. The amendment(s) was/were rs. The amendment(s) was/were rs.	
	n selected, by an incorporator – if in the hands of a receiver, trustee, or ppointed fiduciary by that fiduciary)	
Pedro Be	tancourt	
	(Typed or printed name of person signing)	
President		
	(Title of person signing)	