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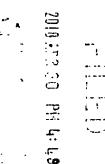
(Re	questor's Name)			
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PICK-UP	☐ WAIT	MAIL		
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TO: Amendment Section Division of Corporations

NAME OF CORPORATION:	ONAL MINISTRY I	NC —————	
DOCUMENT NUMBER:			
The enclosed Articles of Amendment and fee are submi	itted for tiling.		
Please return all correspondence concerning this matter	to the following:		
PEDRO BETANCOURT			
(1	Name of Contact Pers	son)	· · · · · · · · · · · · · · · · · · ·
LA VID INTERNATIONAL MINISTRY INC			
	(Firm/ Company)		
8697 WHITE SWAN UNIT 104			
	(Address)	•	
TAMPA, FL 33614			
(4	City/ State and Zip Co	ode)	
PEDROCASTROPR@GMAIL.COM			
E-mail address: (to be used f	or future annual repor	rt notification)
For further information concerning this matter, please ca	all:		
PEDRO BETANCOURT	at	187	364-6678
(Name of Contact Person)			(Daytime Telephone Number)
Enclosed is a check for the following amount made pays	able to the Florida De	partment of S	tate:
■ \$35 Filing Fee □\$43.75 Filing Fee & □ Certificate of Status		Certific Certific	Filing Fee cate of Status ed Copy ional Copy is seed)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Ame Divis Clifte	et Address ndment Sectionsion of Corpor on Building Executive Co	rations

Tallahassee, FL 32301

Articles of Amendment Articles of Incorporation of

Articl	les of Amendment	2011
Article	to es of Incorporation of	la Dept. of State)
LA VID INTERNATIONAL MINISTRY INC		
(Name of Corporation as curren	ntly filed with the Florid	la Dept. of State)
N17000012449		
(Document Num	ber of Corporation (if kno	own)
Pursuant to the provisions of section 617.1006, Florida Statut amendment(s) to its Articles of Incorporation:	tes, this Florida Not For	Profit Corporation adopts the follow
A. If amending name, enter the new name of the corporat	tion:	
		The n
name must be distinguishable and contain the word "corpord "Company" or "Co." may not be used in the name.	ution" or "incorporated"	or the abbreviation "Corp," or "Inc
B. Enter new principal office address, if applicable:	7521 Paula Dr 1≥	O Box 262812
(Principal office address <u>MUST BE A STREET ADDRESS</u>	Tampa, FL 33615	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	-7521 Paula Dr - PC) box 262812
	Tampa, FL 33615	
D. If amending the registered agent and/or registered office a new registered agent and/or the new registered office a		nter the name of the
Name of New Registered Agent:		
New Registered Office Address:	(Flor	ida street addressi
	(City)	, Florida (Zip Code)
Now Designation A annual Cimentum (Cabanaia Designation	l Agent:	
New Registered Agent's Signature, if changing Registered I hereby accept the appointment as registered agent. I am fa	miliar with and accept th	e obligations of the position.

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>V</u> <u>Mi</u>	T John Doe Mike Jones V Sally Smith			
Type of Action (Check One)	Title	<u>Name</u>	Address		
1) Change	TREA	FRANCHESCA FERNANDEZ	8697 WHITE SWAN DR		
Add			UNIT 104		
X Remove			TAMPA, FL 33614		
2) Change	<u></u>	JOSE A BERCLECIA	10814 PRESERVATION VIEW DR		
Add			TAMPA, FL 33626		
X Remove					
3) Change			·		
Add					
Remove					
4) Change					
Add					
Remove					
5) Change					
Add					
Remove					
6) Change					
Add					
Remove					

	. (Be specific)				
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<i>,</i>	04/18/2018	
	e date of each amendment(s) adoption:e this document was signed.	, if other than the
Eff	ective date if applicable:	
	(no more than 90 days after amendment file date)	
	te: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be rument's effective date on the Department of State's records.	listed as the
Ado	option of Amendment(s) (<u>CHECK ONE</u>)	
	The amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s) was/were sufficient for approval.	
	There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors.	
	Dated 4/18/18	
	(By the chairman or vice chairman of the board, president or other officer-if directors have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)	
	- Perho L. Castin Botancourt	
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	