N1800003875

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COVER LETTER

NAME OF CORPORATION: IGlesia Santidad Meua Vida I	\rightarrow
DOCUMENT NUMBER: N18000003875	
The enclosed Articles of Amendment and fee are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
Melissa Palacios (Name of Contact Person)	
mp Accounting Services Inc.	
5270 Golden Gate Parkway Suite 12	Ð
Daples, FL 34116 (City/ State and Zip Code)	
MPACCOUNTING TOX QUANOO, COM. E-mail address: (to be used for future armual report nonfication)	
For further information concerning this matter, please call:	
Melissa Palacios at 239-331-8718 (Name of Contact Person) (Area Code) (Daytime Telephone Number)	
(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 S43.75 Filing Fee & S43.75 Filing Fee & Certificate of Status (Additional copy is enclosed) \$36 Filing Fee S43.75 Filing Fee & Certificate of Status (Additional copy is Enclosed)	
Mailing Address Street Address	

<u> Mailing Address</u>

TO: Amendment Section

Division of Corporations

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

sia Santidad Nueva Vida Inc	1
(Name of Corporation as currently filed with the Florida Dept. of State)	
N18000003875	
(Document Number of Corporation (if known)	

Pursuant to the provisions of section 617.1006, Florida Statutes, 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 corpor	de Santio	ad Nue	Marile n	ew ew
name must be distinguishable and contain the word "corpo "Company" or "Co." may not be used in the name.	ration or "incorporated"	or the abbreviation	Corp. or inc	
Company to Co. may not be used in the name.				
B. Enter new principal office address, if applicable:				
(Principal office address <u>MUST BE A STREET ADDRES</u>	<u>13</u>)			
				_
C. Enter new mailing address, if applicable:		•		
(Mailing address MAY BE A POST OFFICE BOX)			f! "	_
			67, 120	
D. If amending the registered agent and/or registered of	ffice address in Florida, e	nter the name of the	- 12 GE	
new registered agent and/or the new registered office	e address:		- 92 i 7	
Name of New Registered Agent:			를 3)
				_
		ida street address)		
New Registered Office Address:	11.11/1	Will the Contact (SS)		
		Ulosido		
	(City)	Florida _ (Zip C		_
		, <u>,</u>	,	
New Registered Agent's Signature, if changing Registered I hereby accept the appointment as registered agent. I am		washligations of the pe	veitian	
т петепу иссері іне арронитені из гедімегей адені. Тат	затишт мин ана ассерт и	ie oouganons oj me pe	жинт.	
	Signature of New Register	eed doest it changing		_
	Signmure of tren negister	on rigoni, if counging		

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 Doe Mike Jones Sally Smith	
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			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

attach additional shee	g additional Articles, ts, if necessary) (Be	specific)		
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date t	date of each amendment(s) adoption: this document was signed. tive date if applicable: (no more than 90 days after amendment file date)	, if other than the
docui	If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be ment's effective date on the Department of State's records. (CHECK ONE)	e listed as the
	The amendment(s) was/were adopted by the members and the number of votes east 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 Signature (By the pharmetor vice chairman of the board, president or other officer-if directors	-
	hard then selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary) Paraho (Typed or printed name of person signing)	
	Cesident (Title of person signing)	