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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION:	DE DIOS PENTECOSTAL MOVIMIENTO INTERNACIONAL INC 052
DOCUMENT NUMBER:	3
The enclosed Articles of Amendment and f	ee are submitted for filing.
Please return all correspondence concerning	this matter to the following:
LUIS E RINCON PARRA	
	(Name of Contact Person)
IGLESIA DE DIOS PENTECOSTAL MO	VIMIENTO INTERNACIONAL INC
	(Firm/ Company)
12621 BALCOMBE ROAD	
	(Address)
ORLANDO, FL 32837	
	(City/ State and Zip Code)
MISUDESTE@GMAIL.COM	u.
E-mail address:	to be used for future annual report notification)
For further information concerning this mat	ter, please call:
DANIA MALDONADO	407 856-7997 at
(Name of Cont	
Enclosed is a check for the following amount	nt made payable to the Florida Department of State:
■ \$35 Filing Fee □\$43.75 Fili Certificate	ng Fee & \$\sumsymbol{\subset}\$
Mailing Address Amendment Section Division of Corporations	Street Address Amendment Section Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

(Name of Companion or comp	and Clade de Clade Desde	A Contract of the contract of
	ently filed with the Florida Dept. o	
IGLESIA DE DIOS PENTECOSTAL MOVIMIENTO IN	TERNACIONAL INC 052	U900000408
(Document Nun	nber of Corporation (if known)	, ,
Pursuant to the provisions of section 617.1006, Florida Statuamendment(s) to its Articles of Incorporation:	utes, this Florida Not For Profit Co.	rporation adopts the following
A. If amending name, enter the new name of the corpora	ation:	
		The new
name must be distinguishable and contain the word "corpor "Company" or "Co." may not be used in the name.	ration" or "incorporated" or the ab	breviation "Corp." or "Inc."
B. Enter new principal office address, if applicable:		
(Principal office address <u>MUST BE A STREET ADDRES.</u>	<u>S</u>)	513 610
C. Enter new mailing address, if applicable:		ω) ω
(Mailing address MAY BE A POST OFFICE BOX)		
		1:07 5
		<u> </u>
D. If amending the registered agent and/or registered of	fice address in Florida, enter the r	same of the
new registered agent and/or the new registered office		iame of the
Nama of Nan Pagintagad trant		
Name of New Registered Agent:		
	(Florida street ac	(dense)
New Registered Office Address:	rriorma sirver ac	iaress)
		*** * 1
	(City)	Florida (Zip Code)
	•	(By Com)
New Registered Agent's Signature, if changing Registere		:
I hereby accept the appointment as registered agent. I am j	jamuiar wun ana accept the obligati	ions of the position.
·	Signature of New Registered Agent,	if changing
	Signature of their Registered Agent,	. y changing

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, an 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>	Address
1) X Change		MIGUEL NUNEZ CONIGLIO	
Add			
Remove			
2) X Change		GLADYS B NUNEZ	
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			-
Remove			

E.	If amending or adding additional Art	icles, enter chang	e(s) here:				
	(attach additional sheets, if necessary).	(Be specific)					
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Th	e date of each ame	ndment(s) ad	option:	, if other than th
dat	e this document wa	s signed.		
Eff	ective date <u>if appl</u>	cable:		
			(no more than 90 days after amendment file date)	
Not doc	te: If the date insercument's effective d	ted in this bloc ate on the Dep	ck does not meet the applicable statutory filing requirements, this date will neartment of State's records.	ot be listed as the
Ad	option of Amendn	ent(s)	(CHECK ONE)	
	The amendment(s was/were sufficie		opted by the members and the number of votes cast for the amendment(s).	
8	There are no men adopted by the bo		ers entitled to vote on the amendment(s). The amendment(s) was/were	
	Dated	5/3/19		
	Signature		May tall	
		have not been	nan or vice chairman of the board, president or other officer-if directors in selected, by an incorporator – if in the hands of a receiver, trustee, or ppointed fiduciary by that fiduciary)	
		ANTONI	O ORTIZ GUZMAN	
			(Typed or printed name of person signing)	
		EXECUT	IVE DIRECTOR	
			(Title of person signing)	