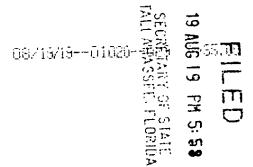
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(Re	equestor's Name)	
(Ad	ldress)	
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PICK-UP	WAIT	MAIL
(Bu	isiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
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COVER LETTER

TO: Amendment Section Division of Corporations ¹

MINISTERIO RE	Y DE GLORIA INC		
N19000006868 DOCUMENT NUMBER:			
The enclosed Articles of Amendment and fee are su	abmitted for filing.		
Please return all correspondence concerning this ma	atter to the following:		
GUILLERMO PILOTO MARTINEZ			
	(Name of Contact Pe	rson)	
MINISTERIO REY DE GLORIA INC			
	(Firm/ Company)	
960 WINDWAY CIR			
	(Address)		
KISSIMMEE, FL 34744			
	(City/ State and Zip C	Code)	
REYDEGLORIA.MINISTRY@GMAIL.COM			
E-mail address: (to be us	sed for future annual rep	ort notification)
For further information concerning this matter, plea	se call:		
GUILLERMO PILOTO	at	786	569-8908
(Name of Contact Person			(Daytime Telephone Number)
Enclosed is a check for the following amount made	payable to the Florida D	epartment of S	State:
\$35 Filing Fee \$43.75 Filing Fee & Certificate of Status		Certifi Certifi	cate of Status ed Copy tional Copy is
Mailing Address Amendment Section		eet Address endment Secti	on

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Articles of Amendment Articles of Incorporation of

MINISTERIO REY DE GLORIA INC (Name of Corporation as currently filed with the Florida Dept. of State) N19000006868 (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 corporation: name must be distinguishable and contain the word "corporation" or "incorporated" or the abbreviation "Corp." or "Inc." "Company" or "Co." may not be used in the name. B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address: Name of New Registered Agent: (Florida street address) New Registered Office Address: , Florida (City) (Zip Code) New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

Signature of New Registered 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>V</u> <u>Mik</u>	n Doe e Jones y Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change	VP	YAMILE EXPOSITO GIMENEZ	960 WINDWAY CIR
Add			KISSIMMEE, FL 34744
X Remove			
2) Change	VP	YAMILE EXPOSITO JIMENEZ	960 WINDWAY CIR
X Add			KISSIMMEE, FL 34744
Remove			
3) Change			
Add			28
Remove			19 AUG 70
4) Change			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Add			78. (2
Remove			Si S
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

icles, enter change(s) here: (Be specific)			
			
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		<u></u>	-P - 3
		703, ₹18	ည်
		VO.	5: 5: 5: 5: 5: 5: 5: 5: 5: 5: 5: 5: 5: 5
			TALL AHASSEC, FLOHIDA

			08/13/2019	
	ach amendment(s) add ment was signed.	ption: _		_, if other than the
	e if applicable:		08/13/2019	
		(no	o more than 90 days after amendment file date)	
	late inserted in this bloc fective date on the Dep		not meet the applicable statutory filing requirements, this date will not of State's records.	be listed as the
Adoption of A	Amendment(s)	(<u>(</u>	CHECK ONE)	
	ndment(s) was/were add sufficient for approval		the members and the number of votes cast for the amendment(s)	
	e no members or memb by the board of director		led to vote on the amendment(s). The amendment(s) was/were	
	08/13/2019 Dated	_		
	Signature			_
	have not bee	i selecte	ice chairman of the board, president or other officer-if directors ed, by an incorporator – if in the hands of a receiver, trustee, or I fiduciary by that fiduciary)	
	GUILLEI	RMO PI	LOTO MARTINEZ	
			(Typed or printed name of person signing)	
	PRESIDE	NT	il Hok	
			(Title of person signing)	

