1119000009300

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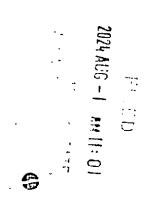


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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: MINISTERIO INTERN	IACIONAI. CENTRO DE AVIV	AMIENTO LA GRAN COMISION JUAN 3 I		
DOCUMENT NUM	BER:				
The enclosed Articles	of Amendment and fee are su	bmitted for filing.			
Please return all corre	spondence concerning this ma	tter to the following:			
	JUAN D GOMEZ				
	Name of Contact Person				
	GOMEZ & VELAZQUEZ				
	Firm/ Company				
	7830 NW 161st Ter				
		Address			
	MIAMI LAKES, FL 33016				
		City/ State and Zip Cod	le		
	GOMEZVELAZQUEZ@MS	SN.COM			
	E-mail address: (to be us	sed for future annual report	t notification)		
For further information	on concerning this matter, pleas	205	821-1659		
Name of Contact Person		at (ode & Daytime Telephone Number		
	or the following amount made		·		
\$35 Filing Fee	■\$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)		
Mailing Address			Address		
Amendment Section Division of Corporations		Amendment Section Division of Corporations			
P.O. Box 6327			The Centre of Tallahassee		
Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810			

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

MINISTERIO INTERNACIONAL CENTRO DE AVIVAMIENTO LA GRAN COMISION 3 16 INC

(Name of Corporation as currently filed with the Florida Dept. of State) N19000009300 (Document Number of Corporation (if known) Pursuant to the provisions of section 607,1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to its Articles of Incorporation: A. If amending name, enter the new name of the corporation: MINISTERIO INTERNACIONAL DE AVIVAMIENTO LA GRAN COMISION JUAN 3 16 INC The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A." N.A B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) C. Enter new mailing address, if applicable: N/A (Mailing address MAY BE A POST OFFICE BOX) 63 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) N/A Floridas New Registered Office Address: (City) 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

Check if applicable

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

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 <u>PT</u> John Doe X Remove V Mike Jones X Add SY Sally Smith Type of Action Title Name Address (Check One) 1) ____ Change ____ Add ____ Remove 2) ____ Change Add _ Remove 3) ____ Change ____ Add __ Remove 4) ____ Change ____ Add ____ Remove 5) ____ Change ____ Add ____ Remove 6) ____ Change ____ Add ___ Remove

(Attach additional sheets, if necessary) I/A	
<i>u</i>	
**	about a supplication of issued shows
If an amendment provides for an ex	change, reclassification, or cancellation of issued shares,
provisions for implementing the an	schange, reclassification, or cancellation of issued shares, nendment if not contained in the amendment itself:
provisions for implementing the an (if not applicable, indicate N/A)	change, reclassification, or cancellation of issued shares, nendment if not contained in the amendment itself:
provisions for implementing the an (if not applicable, indicate N/A)	change, reclassification, or cancellation of issued shares, nendment if not contained in the amendment itself:
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provisions for implementing the an (if not applicable, indicate N/A)	change, reclassification, or cancellation of issued shares, nendment if not contained in the amendment itself:

The date of each amendment(s) adopt date this document was signed.	tion:, if other than the
Effective date if applicable:	
	(no more than 90 days after amendment file date)
Note: If the date inserted in this block document's effective date on the Depart	does not meet the applicable statutory filing requirements, this date will not be listed as the truent of State's records.
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/were adopted action was not required.	d by the incorporators, or board of directors without shareholder action and shareholder
☐ The amendment(s) was/were adopted by the shareholders was/were suffice	d by the shareholders. The number of votes cast for the amendment(s) ient for approval.
	ed by the shareholders through voting groups. The following statement h voting group entitled to vote separately on the amendment(s):
	the amendment(s) was/were sufficient for approval
by	` `
	(voting group)
07/25/2024	
Dated	
Signature X	A
(By a direct selected, by	tor, president or other officer – if directors or officers have not been y an incorporator – if in the hands of a receiver, trustee, or other court fiduciary by that fiduciary)
НЕ	CTOR RAMON AVILA
	(Typed or printed name of person signing)
PR	ESIDENT
_	(Title of person signing)

COVER LETTER

TO: Amendment Section Division of Corporations

Tallahassee, FL 32314

NAME OF CORPO	RATION: MINISTERIO INTERI	NACIONAL CENTRO DE AVIV	AMIENTO LA GRAN COMISION JUAN 3 16 INC		
DOCUMENT NUM	BER: N19000009300				
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		City/ State and Zip Code	2		
	GOMEZVELAZQUEZ@MS	SN.COM			
	E-mail address: (to be us	sed for future annual report	notification)		
For further informatio	n concerning this matter, pleas	se call:			
JUAN D GOMEZ		at (305	821-1659		
Name of Contact Person			de & Daytime Telephone Number		
Enclosed is a check for	or the following amount made	payable to the Florida Depa	artment of State:		
☐ \$35 Filing Fee	■\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)		
Mailing Address Amendment Section Division of Corporations P.O. Box 6327		Amend Division	Address ment Section n of Corporations entre of Tallahassee		

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303