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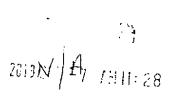
T0: Amendment Section

Division of Corporations			
NAME OF CORPORATION: Grace Wins Ministries Inc.			
DOCUMENT NUMBER: N19 00000 9 4 49			
The enclosed Articles of Amendment and fee are submitted for filing.			
Please return all correspondence concerning this matter to the following:			
Antonio REYES Name of Contact Person			
Name of Contact Person			
N/A			
Hirm/ Company			
11507 DR MLK BLVD Unit 964			
Audress			
MANGO, FL US 33550 City/ State and Zip Code			
City/ State and Zip Code			
Gracewinsgiving@gmaile Com E-mail address: (to be used for future annual report notification)			
E-mail address: (to be used for future annual report notification)			
For further information concerning this matter, please call:			
Antonio REYES at (813), 616 9400  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 Certificate of Status □ \$43.75 Filing Fee & Certificate of Status (Additional copy is enclosed) □ \$52.50 Filing Fee & Certified Copy (Additional Copy is enclosed)			
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton Building			

2661 Executive Center Circle Tallahassee, FL 32301

Tallahassee, FL 32314

## Articles of Amendment to Articles of Incorporation of



(Name of Corporation as e	currently filed with the Floric	da Dept. of State)
Grace Wins	Ministries	Inc.
	Number of Corporation (if kno	
Pursuant to the provisions of section 617,1006, Florida amendment(s) to its Articles of Incorporation:	Statutes, this Florida Not For	Profit Corporation adopts the following
A. If amending name, enter the new name of the cor	poration:	
		The new
name must be distinguishable and contain the word "co "Company" or "Co." may not be used in the name.	orporation" OF "incorporated"	or the abbreviation "Corp," or "Inc,"
B. <u>Enter new principal office address, if applicable:</u> ( <i>Principal office address <u>MUST BE A STREET ADD</u>.</i>	RESS)	
C. Enter new mailing address, if applicable:	·	
(Mailing address <u>MAY BE A POST OFFICE BO)</u>	Ø	
	<del></del>	
<ol> <li>If amending the registered agent and/or registered new registered agent and/or the new registered or</li> </ol>		nter the name of the
	THE AUGIESS.	
Name of New Registered Agent:		<del></del>
	(Flor	rida street address)
New Registered Office Address:		
		Florida (Zip Code)
	(City)	(Zip Code)
New Registered Agent's Signature, if changing Regist I hereby accept the appointment as registered agent.	stered Agent:   am lamiliar with and accept ti	he obligations of the position.
<del></del>	Signature of New Register	red 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	PT         John D           V         Mike J           SV         Sally S	ones	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change Add Remove	P	Antonio REYES	131 New Legacy Dr Seffner FL 33584 us
2) Change Add Remove	D	Arquimides Kindelan	Chicago IL 60626
3 ) Change Add Remove	D	Alberto A. RAMITEZ III	13825 Montes Rd 6 La Mesa, NM 85044
4) Change Add Remove	<u>S</u>	Julio Jesus Negrón	734 N. Greenwood St LA Grange, 6 A 30240
5) Change Add Remove			
6) Change Add Remove			
		Dama 0 a 6 4	

## E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific)

Currentl	y Antonio e Also is th	Reyes is	listed	As r	eigi stered
Agent h	e Also is th	e President	P. PleA	se A	ld AS
Presiden	<del>+</del>				
Adding	Arquimide	's Kindeli	an as	<u> </u>	Director
Adding	Alberto A.	Ramirez 11	I AS	D =	Director
Adding J	Tulio Jesus L	legro'n As	S = Sec	retar	<del></del>
	<del>,</del>				
	<del></del>				<del></del>
	·····				

The date of each amendment(s) adoption:	if other than the
date this document was signed.	
Effective date if applicable: (no more than 90 days after amendment file date)	
(no more than 90 days after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be document's effective date on the Department of State's records.	ne listed as the
Adoption of Amendment(s) (CHECK ONE)	
☐ 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 $11 - 2 - 2019$	
Signature Intonis Reyes	
(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)	_
Antonio Reyes (Typed or printed name of person signing)	
(Typed or printed name of person signing)	
President	
(Title of person signing)	