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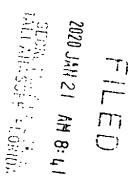
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COVER LETTER

TO: Amendment Section Division of Corporations

MINISTERIO G NAME OF CORPORATION:	ETSEMANI BEN-EZER	INC	·
N19000012393 DOCUMENT NUMBER:			
The enclosed Articles of Amendment and fee are a	submitted for filing.		
Please return all correspondence concerning this n	natter to the following:		
OLIMPIA ZAMBRANO			
	(Name of Contact Pe	erson)	
MINISTERIO GETSEMANI BEN-EZER INC			
	(Firm/ Company	')	
2068 NE 136TH TERR			
	(Address)		
NORTH MIAMI, FL. 33181			
	(City/ State and Zip C	Code)	
zamolim71@hotmail.com			
E-mail address: (to be t	ised for future annual rep	ort notification	n)
For further information concerning this matter, ple	ase call:		
OLIMPIA ZAMBRANO	at	786	262-9834
(Name of Contact Per	son)	(Area Code)	(Daytime Telephone Number)
Enclosed is a check for the following amount mad	e payable to the Florida I	Department of	State:
■ \$35 Filing Fee		Certif Certif	O Filing Fee icate of Status icd Copy tional Copy is osed)
Mailing Address		eet Address	
Amendment Section Division of Corporations		endment Secti ision of Corpe	
P.O. Box 6327		e Centre of T	
Tallahassee, FL 32314			Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

MINISTERIO GETSEMANI BEN-EZER INC

(Name of Corporation as currently filed with the Florida	a Dept. of State)		
N19000012393			
(Document Nur	mber of Corporation (if kno	wn)	
Pursuant to the provisions of section 617,1006, Florida Stat amendment(s) to its Articles of Incorporation:	tutes, this Florida Not For	Profit Corporation adopts the follow	ing
A. If amending name, enter the new name of the corpor MINISTERIO GETSEMANI EBEN-EZER INC	ration:	The n	en'
name must be distinguishable and contain the word "corpo "Company" or "Co." may not be used in the name.	oration" or "incorporated"	or the abbreviation "Corp," or "Inc	
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRES	<u>(28</u>)		_
C. Enter new mailing address, if applicable:	_	2020 SEC TALL	_
(Mailing address MAY BE A POST OFFICE BOX)			
			TI
D. If amending the registered agent and/or registered of new registered agent and/or the new registered office		nter the name of the	
Name of New Registered Agent:			
<u>New Registered Office Address:</u>	(Flor.	ida street address)	_
	(City)	, Florida (Zip Code)	
New Registered Agent's Signature, if changing Registere I hereby accept the appointment as registered agent. I am	ed Agent: familiar with and accept th	e obligations of the position.	
	Signature of New Register	ed 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 Doc 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 Doc, 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 Jo SV Sally S	<u>ones</u>	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change Add			
Remove			
2) Change Add			
Remove 3) Remove Add Remove			
4) Change Add			
Remove			
5) Change Add			
Remove			
6) Change Add			
Remove F. If amending or adding	a additional Arti	Page 2 of 4 icles, enter change(s) here:	
(attach additional shee	us, if necessary).	(Be specific)	

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	p.,	ige 3 of 4		
		ige 5 01 4		
	01/15/2020			
The date of each amendment(s) adoption:				if other than the
date this document was signed.				
01/15/2020				
Effective date if applicable:	u mana ak aa oo Ja	ation amount and the	la Juroì	
(1)	no more than 90 days	ajier amenament jii	e unte)	
Note: If the date inserted in this block does	not ment the applical	ala etatutzee filiaa e	pauiromante this date	will not be listed as the
document's effective date on the Departmen	not meet the applicat	ac ataunoty titing ti	equirements, tills date	will hor or fisted as the
and the street of the street of the bepartmen	State o records.			

(CHECK ONE)

■ The amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s)

Adoption of Amendment(s)

was/were sufficient for approval.

Dated	01/15/2020
Signature	03
	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)
	OLIMPIA ZAMBRANO
	(Typed or printed name of person signing)
	PRESIENT
	(Title of person signing)