N20 00000 1701

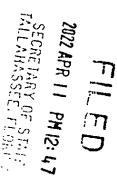
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
J. HORNE
MAY 10 2022

Office Use Only



800385222908

04/11/72 -01044 -010 4+25.00



COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION:	ETIC MINISTRY GAT	E OF HAVEN		UKATED	
DOCUMENT NUMBER:	91				
The enclosed Articles of Amendment and	fee are submitted for f	iling.			
Please return all correspondence concerni	ng this matter to the fol	llowing:			
	ZULEIKA	MARTINEZ			
	(Name of	Contact Person	1)		
PROI	PHETIC MINISTRY G	ATE OF HAV	EN INCO	RPORATED	
	(Firm	(Company)			
	4648 S ORANGE E	BLOSSOM TR	AIL D-13		
	(A)	address)			
	KISSIM	MEE FL 3474	6		
	(City/ Stat	e and Zip Code	:)		
	ZULEI 139(ġΗΟΤΜΑΙL.¢	COM		
E-mail address	: (to be used for future	•))	
For further information concerning this tr	atter, please call;				
ZULEIKA	MARTINEZ	321 at		317-4748	
(Name of Co	ntact Person)		ea Code)	(Daytime Telephone Numbe	er)
Enclosed is a check for the following amo	ount made payable to th	e Florida Depa	artment of	State:	
S35 Filling Fee □\$43.75 F	e of Status — Certified	l Copy mal copy is	Certif Certif) Filing Fee icate of Status ied Copy tional Copy is osed)	
X Mailing Address			Address		
Amendment Section		Amend	ment Sect	urn	

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation

PROPHETIC MINISTR	Y GATE OF HAVEN IN	CORPORATED 50 5	ی
(Name of Corporation as currently filed with the Florida	Dept. of State)	L C	3.— 3
N20	3000001701	AR AR AR AR AR) }
(Document Nun	nber of Corporation (if kr	iowa) SSE	,
Pursuant to the provisions of section 617,1006, Florida Stan amendment(s) to its Articles of Incorporation:	ites, this <i>Florida Not Fo</i>	r Profit Corporation adopts the forth	win
A. If amending name, enter the new name of the corpor	ation:		
MINISTERIO PROFETIC	O PUERTA DEL CIELO) INC. $\frac{1}{The}$	22.23
name must be distinguishable and contain the word "corpor" "Company" or "Co," may not be used in the name.	ration" or "incorporated		
B. Enter new principal office address, if applicable:	4648 S ORANGE BL	OSSOM TRAIL D-13	
(Principal office address MUST BE A STREET ADDRES.	$\frac{S}{KISSIMMEE}$ FL 347	46	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	4648 S ORANGE BI	OSSOM TRAIL D-13	
	KISSIMMEE FL 347-	46	
D. If amending the registered agent and/or registered of		enter the name of the	
new registered agent and/or the new registered office	· address:		
Name of New Registered Agent:			
New Registered Office Address:	Œ	orida street address)	
	(City)	, Florida (Zip Code)	—
	(327,7)	(zaji Ciarc)	
New Registered Agent's Signature, if changing Registered hereby accept the appointment as registered agent. I am		the obligations of the position.	
	Signature of New Regist	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	<u>V</u>	<u>John Doe</u> Mike Jones Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change × Add	PT	ZULEIKA MARTINEZ	4648 S ORANGE BLOSSOM TRA D-13
Remove			KISSIMMEE FL 34746
2) Change Add	VP	JOSE MARTINEZ	4648 S ORANGE BLOSSOM TRA D-13
Remove 3) Remove	SEC	RAMON FIAS	KISSIMMEE FL 34746 4648 S ORANGE BLOSSOM TRA D-13 KISSIMMEE FL 34746
4) Change Add			
Remove			
5) Change Add			
Remove			
6) Change Add			
Remove			
		nal Articles, enter change(s) here: esary). (Be specific)	

	······································		
	- +		
			· . — · . —
			
		•	
			·
	······································		<u>.</u>
		·	
		•	
The date of each amendment(s) adoption: date this document was signed.	1/25/2022.	<u> </u>	if other than the
Effective date if applicable:			
(no more ti	han 90 days after amendment file d	ate)	
North Teater days have an of the state to be decreased as	A committee by a second control of the control of t	to constant a let a disease will be a	hardi and makes

<u>Note:</u> If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Adoption of Amendment(s) (CHECK ONE)

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

re are no members or members entitled to vote on the amendment(s). The amendment(s) was/were pted by the board of directors.
Dated
Signature (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)
ZULEIKA MERTINEZ
(Typed or printed name of person signing)
PRESIDENT

(Title of person signing)