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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: MINISTERIO DE DADIVA	AS EBENEZER	PARA LAS	NACIONES CORP
DOCUMENT NUMBER:			
The enclosed Articles of Amendment and fee are submitted t	or filing.		
Please return all correspondence concerning this matter to the	following:		
AAL	IET ROSADO		
(Name	of Contact Per	son)	
MINISTERIO DE DADIVAS EL	BENEZER PAR	A LAS NAC	TIONES CORP
(F	irm/ Company)		
3411	CELENA CIR		
	(Address)		
SAINT	CLOUD, FL 34	769	
(City/	State and Zip Co	ode)	
MDDEBEN	EZER@GMAII	L.COM	
E-mail address: (to be used for fut	ure annual repo	rt notification	1)
For further information concerning this matter, please call:			
JANET ROSADO	at	973	494-2481
(Name of Contact Person)		Area Code)	(Daytime Telephone Number)
Enclosed is a check for the following amount made payable t	o the Florida De	epartment of	State:
(Add	75 Filing Fee & fied Copy litional copy is osed)	Certifi Certifi	Filing Fee cate of Status ed Copy cional Copy is sed)
Mailing Address Amendment Section	Ame	et Address ndment Secti	

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 of

MINISTERIO DE DADIVAS EBENEZER PARA LAS NACIONES CORP

(Name of Corporation as currently filed with th	e Florida D	ept. of State)		
N20000005955				
(Docur	nent Numbe	r of Corporation (if know	π)	
Pursuant to the provisions of section 617,1006, Flo amendment(s) to its Articles of Incorporation:	orida Statute:	s, this <i>Florida Not For Pr</i>	ofit Corporation adopts the follo	wing
A. If amending name, enter the new name of th	e corporați	on:		
N/A			The	new.
name must be distinguishable and contain the word "Company" or "Co." may not be used in the nam		ion" or "incorporated" o		
B. Enter new principal office address, if applica	hle	N/A		
(Principal office address MUST BE A STREET A				
			· · · · · · · · · · · · · · · · · · ·	
		· · · · · · · · · · · · · · · · · · ·		
C. Enter new mailing address, if applicable:		21/2		
(Mailing address MAY BE A POST OFFICE	BOX)	N/A		
	•			
				—
D. If amending the registered agent and/or regi			er the name of the	
new registered agent and/or the new register	N/A	ioress:		
Name of New Registered Agent:	INTA			
New Registered Office Address:		(Florida	street address)	
A STATE OF THE STA	N/A			
		(City)	, Florida (Zip Code)	
		·	(zqr coacr	
New Registered Agent's Signature, if changing I I hereby accept the appointment as registered agen	Registered A	Agent:	ablications of the position	
т петалу иссерь те царопитет из гедізгегей иден	н. гитуит	attar sun ana accept me	maganous of rat position.	
			,	~ 1
-	Sig	nature of New Registered	Agent, if changing	3
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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>	Name	Address
1) Change Add	<u>V</u>	ANGEL M. ROSADO	3411 CELENA CIR SAINT CLOUD, FL 34769
Remove 2) Change Add	т	DIANA CINTRÓN	7881 NW 3RD ST PENBROKE PINES, FL 33024
Remove 3 Change Add Remove			
4) Change Add			
Remove 5) Change Add			
Remove 6) Change Add			
(attach additional shee		icles, enter change(s) here: (Be specific)	
N/A			

The date of each amendment(s) adoption:, if other than the date this document was signed, if other than the date this document was signed.
Effective date if applicable: 06/10/2020
(no more than 9t) 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 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.

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 06/10/2020 Signature model
(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)
JANET ROSADO
(Typed or printed name of person signing)
PRESIDENT
(Title of person signing)

. . .