12/7/2020

Division of Corporations

Florida Department of Soite

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Division of Corporations

Fax Number : (850)617-6380

From:

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COR AMND/RESTATE/CORRECT OR O/D RESIGN ABUNDANT LIFE MINISTRIES USA INC

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2020-12-08 17:40:25 GMT

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From: Yane: Avila

850-617-6381 12/8/2020 12:15:15 PM PAGE 1/001 Fax Server



December 8, 2020

FLORIDA DEPARTMENT OF STATE

ABUNDANT LIFE MINISTRIES USA INC 8870 NW 36TH ST APT 3201 DORAL, FL 33178

SUBJECT: ABUNDANT LIFE MINISTRIES USA INC

REF: N20000012962

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

Please check the appropriate box on the amendment form regarding the adoption of the amendment(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Terri J Schroeder Regulatory Specialist III FAX Aud. #: H20000418118 Letter Number: 020A00024570

Articles of Amendment to Articles of Jacorporation of

(Name of Corporation as currently filed with the Fl	orida Dept. of State)	
N20000012962		
(Document	Number of Corporation (if kn	own)
Pursuant to the provisions of section 617.1006, Florida amendment(s) to its Articles of Incorporation: A. If amending name, enter the new name of the co		Profit Corporation adopts the following
		The ne
name must be distinguishable and contain the word "c "Company" or "Co." may not be used in the name.	orporation" or "incorporated	" or the abbreviation "Corp." or "Inc."
B. Enter new principal office address, if applicable	15632 SW 127 AVE	· <u> </u>
(Principal office address MUST BE A STREET ADD	PRESS) APT: 105	C 1
	MIAMI, FL 33177	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	X) 15632 SW 127 AVE	
	APT: 105	12
	MIAMI, FL 33177	
D. If amending the registered agent and/or registered new registered agent and/or the new registered Name of New Registered Agent:	red office address in Florida, office address: HANGE OF ADDRESS	enter the name of the
	632 SW 127 AVE APT: 105	
	(Fic	muta street address)
<u>New Registered Office Addrass</u> . M	IAMI	. Florida 33177
	(City)	(Zip Code)
w Registered Agent's Signature, if changing Registeredy accept the appointment as registered agent. I a	ered Agent: m familiar with and accept the	obligations of the position.

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 haves 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)	Title	Name	<u>Addres</u> s
1) × Change Add	<u>P</u>	JORGE FREILE LOZANO	15632 SW 127 AVE APT: 105 MIAMI, FL 33177
Remove			
2) Add	<u>V/P</u>	MARGARITA CEPEDA ACUNA	15632 SW 127 AVE APT: 105 MIAMI, FL 33177
Remove 3) *** Change Add Remove	<u>T</u>	DANIEL FREILE CEPEDA	15632 SW 127 AVE APT: 105 11 MIAML FL 33177
4) XX Change Add	<u>\$</u>	MANASES FREILE CEPEDA	15632 SW 127 AVE APT: 105 MIAMI, FL 33177
Remove			And the second s
5) Change Add			
Remove			
6) Change Add	Addition to the second state		
Remove			
E. If amending or add (attach additional she	ing additional Ar ters, if necessary).	ticles, enter change(s) here: (Be specific)	
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	the reference of the same of t		
			
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The date of each amendment(s) add date this document was signed.	option: 12/4/3020			if other tha	in the
Effective date if applicable:					
Litetary date in appreciate.	(no more than 90 day	s after amandment	jile datej		
Note: If the date inserted in this bloc document's effective date on the Dep	ek does not meet the applic partment of State's records	able statutory filing	requirements, this da	te will not be listed as th	ie
Adoption of Amendment(s)	(CHECK ONE)				
The amendment(s) was/were ad was/were sufficient for approva	opted by the members and I.	the number of vote	s cast for the amendm	ent(s)	

	12/4/2020
Ďated	
Signatura	Toker freule
	(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).
	IORGE FREILE LOZANO
	.01.02 . 11
	(Typed or printed name of person signing)
	(Typed or printed name of person signing)

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