N 21808

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COVER LETTER

TO: Amendment Section

Division of Corporations MISIONEROS DEL CAMINO, INC. NAME OF CORPORATION: N21808 DOCUMENT NUMBER: _ The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: SUSANA M SALA (Name of Contact Person) MISIONEROS DEL CAMINO, INC. (Firm/ Company) 4386 SW 74TH AVE (Address) MIAMI, FL 33135 (City/ State and Zip Code) E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: (Name of Contact Person) (Daytime Telephone Number) (Area Code) Enclosed is a check for the following amount made payable to the Florida Department of State: □\$43.75 Filing Fee & □\$43.75 Filing Fee & \$35 Filing Fee □\$52.50 Filling Fee Certificate of Status Certified Copy Certificate of Status Certified Copy (Additional copy is (Additional Copy is enclosed) Enclosed) Mailing Address Street Address Amendment Section Amendment Section Division of Corporations Division of Corporations Clifton Building P.O. Box 6327 Tallahassee, FL 32314 2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

(Name of Corporation as currently filed with the Florida De	pt. of State7
MISIONEROS DEL CAMINO, INC.	
(Document Number of Corporation (if known)	2815 ALS - 5 P 20 37
Pursuant to the provisions of section 617.1006, Florida Statutes, this <i>Florida Not For Profit</i> amendment(s) to its Articles of Incorporation:	Consignation The Consider Control of the Consider Control of
A. If amending name, enter the new name of the corporation:	
	The new
name must be distinguishable and contain the word "corporation" or "incorporated" or the "Company" or "Co." may not be used in the name.	e abbreviation "Corp." or "Inc."
B. Enter new principal office address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	
C. Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
D. If amending the registered agent and/or registered office address in Florida, enter-	he name of the
new registered agent and/or the new registered office address:	
Name of New Registered Agent:	1
New Registered Office Address:	eet address)
New Registered Office Address.	
	, Florida
(City)	(Zip Code)
New Registered Agent's Signature, if changing Registered Agent:	
I hereby accept the appointment as registered agent. I am familiar with and accept the obli	igations of the position.
H.	
U	cent, if changing
	, , , , , , , , , , , , , , , , , , , ,

Page 1 of 4

address of each Office (Attach additional shee Please note the officer/	er and/or Direct ets, if necessary, director title by	tor being added:) the first letter of the office title:	cer/director being removed and title, name, ar				
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.							
	eaves the corpo	pration, Sally Smith is named the V and S. Thes	he PST and Mike Jones is listed as the V. There see shou ld be noted as John Doe, PT as a Change				
Example: X Change X Remove X Add	<u>V</u> <u>M</u>	hn Doe ike Jones Hy Smith					
Type of Action (Check One)	<u>Title</u>	Name	Address				
1) Change	D	EDUARDO DE LA FUENTE	6000 SW 33 STREET				
X Add			MIAMI FL 33155				
Remove			<u> </u>				
2) Change	<u>D</u>	REV GIL HERNANDEZ POZO	740 SE 7 PLACE				
X Add			HIALEAH FL 33010				
Remove							
3) Change			<u> </u>				
Add							
Kemove							
4) Change			<u> </u>				
Add							
Remove							
5) Change			<u> </u>				
Add			111				
Remove							
6) Change							
Add							
Remove		Page 2 of 4	<u> </u>				

E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific)		
		··
		<u></u>
		-
		· - ·
		· <u> </u>

l'he	date of each amendment(s)	idoption:		, if other than th
	this document was signed.			,
Effe	ective date <u>if applicable</u> :			
		(no more than 90 days after amendment file dat	(e) 	
	e: If the date inserted in this burnent's effective date on the C	lock does not meet the applicable statutory filing require epartment of State's records.	me	nts, this date will not be listed as the
Ado	option of Amendment(s)	(<u>CHECK ONE</u>)		
	The amendment(s) was/were was/were sufficient for appro	adopted by the members and the number of votes cast foval.	 	ne amendment(s)
	There are no members or men adopted by the board of direct	nbers entitled to vote on the amendment(s). The amendrators.	mei	nt(s) was/were
	AUGUST	2,2019	! 	
	Signature			
	liave not b	sirman or vice chairman of the board, president or other of seen selected, by an incorporator – if in the hands of a re- t appointed fiduciary by that fiduciary)		
	SUSA	NA M SALA	!	
	PRES	(Typed or printed name of person signing)	ng)	
				<u> </u>
		(Title of nerson signing)	- 1 1	Í