## N21808

| (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: |
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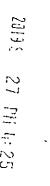




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## **COVER LETTER**

TO: Amendment Section Division of Corporations

| NAME OF CORPORATION           | MISIONEROS DEL                              | CAMINO, INC.   |  |       |
|-------------------------------|---|--|--|-------|
|                               | N21808                                      |  |  |       |
| DOCUMENT NUMBER:              |   |  |  |       |
| The enclosed Articles of Am   | nendment and fee are subm                   | nitted for filing.   |  |       |
| Please return all correspond  | ence concerning this matte                  | r to the following:  |  |       |
| SUSANA M SALA                 |   |  |  |       |
|                               |   | (Name of Contact Person  | n)   |       |
| MISIONEROS DEL CAM            | INO, INC.                                   |  |  |       |
|                               |   | (Firm/ Company)  |  |       |
| 4386 SW 74TH AVE              |   |  |  |       |
|                               |   | (Address)  |  |       |
| MIAMI, FL 33135               |   |  |  |       |
| <u>-</u>                      |   | (City/ State and Zip Cod   | e)   |       |
|                               |   |  |  |       |
| F                             | -mail address; (to be used                  | for future annual report   | notification)  |       |
| For further information conc  | erning this matter, please                  | call:  |  |       |
|                               |   |  |  |       |
|                               |   | at   |  |       |
|                               | (Name of Contact Person)                    | (A)  | rea Code) (Daytime Telephone Nu  | mber) |
| Enclosed is a check for the f | ollowing amount made page                   | yable to the Florida Depa  | artment of State;  |       |
| ■ \$35 Filing Fee             | □\$43.75 Filing Fee & Certificate of Status | S43.75 Filing Fee & Certified Copy (Additional copy is enclosed) | □\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is Enclosed) |       |
| N. C. 1911 - A                |   | 4*4  | 4.1.1  |       |

Mailing Address

Amendment Section Division of Corporations P.O. Box 6327

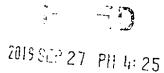
Tallahassee, FL 32314

Street Address

Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle

Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of



MISIONEROS DEL CAMINO, INC.

| (Name of Corporation as c  | rrently filed with the Florida Dept. of State)                           |
|--|--|
| N21808   |  |
| (Document  | Sumber of Corporation (if known)   |
| Pursuant to the provisions of section 617,1006, Florida 8 amendment(s) to its Articles of Incorporation:                     | tatutes, this Florida Not For Profit Corporation adopts the followin     |
| A. If amending name, enter the new name of the corp  | oration:   |
|  | The nev  |
| name must be distinguishable and contain the word "co<br>"Company" or "Co." may not be used in the name.                     | poration" or "incorporated" or the abbreviation "Corp." or "Inc."        |
| B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDR</u>                 | ESS )  |
|  |  |
|  |  |
| C. Enter new mailing address, if applicable:<br>(Mailing address <u>MAY BE A POST OFFICE BOX</u>                             |  |
|  |  |
|  |  |
| <ul> <li>If amending the registered agent and/or registered<br/>new registered agent and/or the new registered of</li> </ul> |  |
| Name of New Registered Agent:  |  |
| namely best regime and gent.   |  |
|  | (Florida street address)   |
| New Registered Office Address:   |  |
|  | , Florida  |
|  | (City) (Zip Code)  |
| New Registered Agent's Signature, if changing Regis I hereby accept the appointment as registered agent. I                   | ered Agent: un familiar with and accept the obligations of the position. |
|  | Signature of New Registered 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 Mtke 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>M</u> | chn Doe<br>ike Jones<br>illy Smith |                        |
|----------------------------------|-------------------|------------------------------------|------------------------|
| Type of Action<br>(Check One)    | Title             | <u>Name</u>                        | <u>Addres</u> s        |
| 1) Change                        | D                 | MARIA CARMEN PANDO                 | 600 BILTOMORE WAY #702 |
| Add                              |                   |                                    | CORAL GABLES FL 33134  |
| X Remove                         |                   |                                    |                        |
| 2) Change                        |                   |                                    |                        |
| Add                              |                   |                                    |                        |
| Remove                           |                   |                                    |                        |
| 3 ) Change                       |                   |                                    |                        |
| Add                              |                   |                                    |                        |
| Remove                           |                   |                                    |                        |
| 4) Change                        |                   |                                    |                        |
| Add                              |                   |                                    |                        |
| Remove                           |                   |                                    |                        |
| 5) Change                        |                   |                                    |                        |
| Add                              |                   |                                    |                        |
| Remove                           |                   |                                    |                        |
| 6) Change                        |                   |                                    |                        |
| Add                              |                   |                                    |                        |
| Damara                           |                   |                                    |                        |

| attach additional sheets, if necessary). | (Be specific) |          |                   |              |   |
|--|---------------|----------|-------------------|--------------|---|
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| The  | date of each amer                  | dment(s) adoption:  | , if other than the              |
|------|------------------------------------|---|----------------------------------|
| iate | this document was                  | signed.   |                                  |
| Effe | ective date <u>if appli</u>        | able:   |                                  |
|      |                                    | (no more than 90 days after amendment file date)  |                                  |
|      |                                    | ed in this block does not meet the applicable statutory filing requirements, thit on the Department of State's records.   | s date will not be listed as the |
| Ada  | option of Amendm                   | ent(s) ( <u>CHECK ONE</u> )   |                                  |
|      | The amendment(s was/were sufficier | was/were adopted by the members and the number of votes cast for the amer<br>t for approval.  | ndment(s)                        |
|      | There are no mem adopted by the bo | bers or members entitled to vote on the amendment(s). The amendment(s) ward of directors.   | as/were                          |
|      | Dated                              | SEPTEMBER 24, 2019  |                                  |
|      | Signature                          |   |                                  |
|      |                                    | By the chairman or vice chairman of the board, president or other officer-if a have not been selected, by an incorporator – if in the hands of a receiver, tru other court appointed fiduciary by that fiduciary) |                                  |
|      |                                    | SUSANA M SALA   |                                  |
|      |                                    | (Typed or printed name of person signing)   |                                  |
|      |                                    | PRESIDENT   |                                  |
|      |                                    | (Title of person signing)   | <del></del>                      |