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TO: Amendment Section Division of Corporations

NAME OF CORPORATION	Luz Del Mundo (Lig ON:	tht of the World), I	nc.		- t. E
DOCUMENT NUMBER:	N33384				· · · · · · · · · · · · · · · · · · ·
The enclosed Articles of An	nendment and fee are sub	nitted for filing.			
Please return all correspond	ence concerning this matte	er to the following:			
Sandra Lozano Barry					
		(Name of Contact	Person)		
Luz Del Mundo (Light of th	ne World), Inc.				
		(Firm/ Comp	any)		
5333 N. Dixie Highway #20	DI				
		(Address)			
Oakland Park, Florida 3333	4				
		(City/ State and Z	ip Code)		
slozano@lightoftheworldcli	inic.org				
E	-mail address: (to be used	for future annual	report notification	on)	
For further information conc	erning this matter, please	call:			
Sandra Lozano Barry			954 at	563-9876	
	(Name of Contact Person			(Daytime Telepho	ne Number)
Enclosed is a check for the f	ollowing amount made pa	yable to the Florid	a Department of	State:	
□ \$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing F Certified Copy (Additional cop enclosed)	Certi y is Certi (Add	50 Filing Fee ficate of Status fied Copy litional Copy is losed)	
Mailing A			Street Address	tion	

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

	Articles of Amendment	
	to Articles of Incorporation	n
	of	
Luz Del Mundo (Light of the World), Inc.		
(Name of Corporat	tion as currently filed with the	Florida Dept. of State)
N33384		
(Do	ocument Number of Corporation	(if known)
rsuant to the provisions of section 617.1006. I nendment(s) to its Articles of Incorporation:	Florida Statutes, this <i>Florida No</i>	t For Profit Corporation adopts the followin
. If amending name, enter the new name of	the corporation:	
ight of the World Clinic, Inc.	_ 	****
ame must be distinguishable and contain the w	ord "corporation" or "incorpor	The new rated" or the abbreviation "Corp " or "Inc."
Company" or "Co." may not be used in the no	ame.	
Enter new principal office address, if appl		
rincipal office address <u>MUST BE A STREET</u>	<u>TADDRESS</u>)	

. Enter new mailing address, if applicable:	N/A	
(Mailing address MAY BE A POST OFFIC	<u></u>	
16	<u>egistered office address in Flor</u>	ida, enter the name of the
If amending the registered agent and/or re new registered agent and/or the new regist	tered office address:	
new registered agent and/or the new registered	stered office address;	
If amending the registered agent and/or renew registered agent and/or the new registered agent and/or the new registered agent. Name of New Registered Agent.	stered office address;	
new registered agent and/or the new registered	stered office address;	(Floredy strengt orbitages)
new registered agent and/or the new registered	ntered office address:	(Florida street address)
<u>Name of New Registered Agen</u>	ntered office address:	(Florida street address) , Florida

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: XChange X Remove X Add	<u>PT</u> <u>V</u> <u>SV</u>	John Do Mike Jo Sally Si	<u>ones</u>		
Type of Action (Check One)	<u>Title</u>		Name	<u>Addres</u> s	
1) Change			N/A	 N/A	
Add					
Remove					
2) Change		_		 	<u>.</u>
Add					-
Remove					
3) Change		_		 	
Add					
Remove					
4) Change		_		 	
Add					
Remove					
5) Change					
Add		_		 	
Remove					
6) Change		-	-	 	
Add					
Remove				 	

If amending or adding additional Arti Much additional sheets, if necessary).	(Be specific)
1	
	
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The date of each amendment(s) adoption:	if other than the
date this document was signed.	
Effective date <u>if applicable</u> :	
(no more than 90 days after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, thi document's effective date on the Department of State's records.	s date will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
■ The amendment(s) was/were adopted by the members and the number of votes cast for the amenwas/were sufficient for approval.	ndment(s)
There are no members or members entitled to vote on the amendment(s). The amendment(s) was adopted by the board of directors.	ıs/were
Dated 1/27/19	
Signature Signature	
(By the charman or vice chairman of the board, president or other officer-if of have not been selected, by an incorporator - if in the hands of a receiver, true other court appointed fiduciary by that fiduciary)	
CARLOS REYES	
(Typed or printed name of person signing)	
BOARD CHAIRMAN	
(Title of person signing)	