

N94000002700

(Requestor's Name)

9735 N.W. 5757 SW 17th 107
Doral Florida 33178



400142877974

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

02/05/09--01029--018 **45.75

Certified Copies _____ Certificates of Status _____

MC

Special Instructions to Filing Officer:
Correction document
by telephone call
JN 3/12/09

Office Use Only

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
09 MAR -9 PM 3:04

Roberts MAR 10 2009



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 10, 2009

MINISTERIO INTERNACIONAL JEMIMAH T.V., INC.
9735 N.W. 52 ST
STE 107
DORAL, FL 33178

SUBJECT: MINISTERIO INTERNACIONAL JEMIMAH T.V., INC.
Ref. Number: N94000002700

We have received your document for MINISTERIO INTERNACIONAL JEMIMAH T.V., INC. and your check(s) totaling \$45.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document you submitted has been prepared pursuant to profit statutes (chapter 607, Florida Statutes). As the entity was originally filed as a nonprofit corporation, this document should be filed pursuant to chapter 617, Florida Statutes.

We are enclosing the proper form(s) with instructions for your convenience.

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) 245-6892.

Tina Roberts
Regulatory Specialist II

Letter Number: 809A00004679

RECEIVED
2009 MAR -9 AM 8:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: MINISTERIO International JEMIMAH T.V, INC.

DOCUMENT NUMBER: N9400000700

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

DIANA JELEN

(Name of Contact Person)

JELEN AND BALZA ACCOUNTING SERV.

(Firm/ Company)

8181 NW 36 ST SUITE 6-B

(Address)

DORAL, FL. 33166

(City/ State and Zip Code)

For further information concerning this matter, please call:

DIANA JELEN

(Name of Contact Person)

at (305) 322-7034

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount made payable to the Florida Department of State:

\$35 Filing Fee

\$43.75 Filing Fee &
Certificate of Status

\$43.75 Filing Fee &
Certified Copy
(Additional copy is
enclosed)

\$52.50 Filing Fee
Certificate of Status
Certified Copy
(Additional Copy
is enclosed)

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

09 MAR -9 PM 3: 05

Articles of Amendment
to
Articles of Incorporation
of

MINISTERIO INTERNACIONAL JEMIMAH T.V., INC.

(Name of Corporation as currently filed with the Florida Dept. of State)

N 9400000700

(Document Number of Corporation (if known))

Pursuant to the provisions of section 617.1006, Florida Statutes, this *Florida Not For Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

A. If amending name, enter the new name of the corporation:

MINISTERIO INTERNACIONAL JEMIMAH, CORP.

The new name must be distinguishable and contain the word "corporation" or "incorporated" or the abbreviation "Corp." or "Inc." "Company" or "Co." may not be used in the name.

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 the name of the new registered agent and/or the new registered office address:

Name of New Registered Agent:

New Registered Office Address:

_____ (Florida street 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 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)

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
<u>TSD</u>	<u>ALVARO LINERO</u>	<u>9735 NW 52 ST #107</u> <u>DORAL, FL 33178</u>	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
<u>TSD</u>	<u>ANA MARIA BAGNUOLI</u>	<u>9735 NW 52 ST #107</u> <u>DORAL, FL 33178</u>	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove
_____	_____	_____	

E. If amending or adding additional Articles, enter change(s) here:

(attach additional sheets, if necessary). (Be specific)

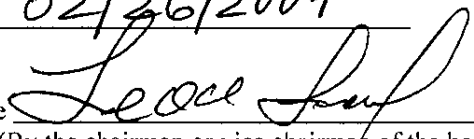
The date of each amendment(s) adoption: 01/30/2009

Effective date if applicable: 01/30/2009
(no more than 90 days after amendment file date)

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 02/26/2009

Signature 

(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)

LEONOR LINERO
(Typed or printed name of person signing)

PD
(Title of person signing)