N9400006031

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OVER LETTER

TO: Amendment Section * Division of Corporations

NAME OF CORPORATION: CONFERENCIAS DE VIDA - JATERNATIONAL MIN
DOCUMENT NUMBER: N 9 40 000 60 31
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
TORGE PALMERO (Name of Contact Person)
(Name of Contact Person)
(Firm/ Company)
(Address)
(City/ State and Zip Code)
Palmero. Jorge 6 gmail.com E-mail address: (to be used for future annual report notification)
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Jorge Palmero at 305 498-1098 (Name of Contact Person) (Area Code) (Daytime Telephone Number)
(Name of Contact Person) (Area Code) (Daytime Telephone Number)
Enclosed is a check for the following amount made payable to the Florida Department of State:
\$35 Filing Fee Securificate of Status 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

Articles of Amendment to Articles of Incorporation



CONFERENCIAS DE VIDA- INTERNATIONAL MINISTRIES, N94000006031 (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: CELEBRACION, Inc. 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: (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)

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: X_Change X_Remove X_Add	<u>PT</u> <u>V</u> . <u>SV</u>	John Doe Mike Jones Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change			
Add			
Remove			
2) Change			
Add			
Remove	•		/
3) Change			/
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4) Change			
Add			
Remove			
5) Change			
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Remove			
6) Change		_/	-
Add		1	
Remove		D 2 . 6 4	

ttach additional sheets, if necessary).	(Be specific)
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•	-11.	
The date of each amendment(s) adoption:	<u>8/1/15</u>	SEAR TALL OF LAR
date this document was signed.		DIVISION OF CORPORATEUS
Effective date if applicable:	8/1/15	15 AUG 17 PM 1: nc
(no	o more than 90 days after amendmen.	file date)
Note: If the date inserted in this block does n document's effective date on the Department	not meet the applicable statutory filing of State's records.	g requirements, this date will not be listed as the
Adoption of Amendment(s)	CHECK ONE)	
The amendment(s) was/were adopted by was/were sufficient for approval.	the members and the number of vote	s cast for the amendment(s)
There are no members or members entitl adopted by the board of directors.	ed to vote on the amendment(s). The	amendment(s) was/were
Dated 8-1	-15	•
Signature	Paul	
	ice chairman of the board, president of	
	d, by an incorporator – if in the hands if fiduciary by that fiduciary)	s of a receiver, trustee, or
	JORGE PA	LHERO
	(Typed or printed name of person.	on signing)
	VP.	
	(Title of person sign	ing)