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TO: Amendment Section Division of Corporations

NAME OF CORPORATI	NUEVA GENERA ON:	CION CRISTIANA	., INC.			
DOCUMENT NUMBER:	N98000004073					
The enclosed Articles of An	nendment and fee are sub	mitted for filing.				
Please return all correspond	ence concerning this matt	ter to the following:				
MICHELLE BARRERA						
		(Name of Contact	Person)			
NUEVA GENERACION C	RISTIANA, INC.					
		(Firm/ Compa	iny)			
405 SW 148TH AVENUE	SUITE 2					
		(Address)		,		_ · . · .
DAVIE FL 33325						
		(City/ State and Z	ip Code)			
michellebarreral@hotmail.	com					
I	-mail address: (to be use	d for future annual	report no	otification	n)	
For further information con-	cerning this matter, please	e call:				
MICHELLE BARRERA			954 at		759-1956	
	(Name of Contact Person			a Code)	(Daytime Telepl	none Number)
Enclosed is a check for the	following amount made p	ayable to the Florid	ia Depar	tment of	State:	
■ \$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing For Certified Copy (Additional copenclosed)		Certifi Certif	icate of Status ied Copy tional Copy is	
Mailing A	Address	:	Street A	ddress		

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

1	V	F	FI	F٦	V	Δ	G	E	٧F	R	A	C	ıc	N	(`R	15	T	14	IN	ĪΑ.	١N	IC	
ı										-11	_	•	••	,,,	•	. L\				7 I	.	11		

(Name of Corporation as currently filed with the Florida	a Dept. of State)	
N98000004073		
(Document Nun	nber of Corporation (if k	nown)
Pursuant to the provisions of section 617.1006, Florida State amendment(s) to its Articles of Incorporation:	utes, this <i>Florida Not Fo</i>	r Profit Corporation adopts the following
A. If amending name, enter the new name of the corpor	ration:	
N/A		The new
name must be distinguishable and contain the word "corpo- "Company" or "Co." may not be used in the name.	ration" or "incorporated	" or the abbreviation "Corp." or "Inc."
B. Enter new principal office address, if applicable:	N/A	
(Principal office address MUST BE A STREET ADDRES	<u>SS</u>)	
		
C. Enter new mailing address, if applicable:	N/A	2020 ::
(Mailing address MAY BE A POST OFFICE BOX)		
		<u></u>

D. If amending the registered agent and/or registered of	Man address in Florida	enter the name of the
new registered agent and/or the new registered office		enter the name of the
Name of New Registered Agent: N/A		
Comment their Avenue and Indian		
 	(F)	orida street address)
New Registered Office Address:		
N/A		, Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if changing Registere I hereby accept the appointment as registered agent. I am		the obligations of the position.
		
	Signature of New Regist	ered 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 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 Chang Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: X Change X Remove X Add	PT John Do V Mike Jo SV Sally Sr	nes	
Type of Action (Check One)	<u>Title</u>	Name	Address
1) Change Add	<u>T</u>		79 GABLES BOULEVARD WESTON FL 33326
× Remove			
2) Change Add			
Remove 3) Remove Add Remove		·	
4) Change Add			
Remove 5) Change Add			
Remove 6) Change Add			
E. If amending or adding (attach additional sheet)	ig additional Arti	cles, enter change(s) here: (Be specific)	
N/A			
	<u> </u>		

		
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• • • • • • • • • • • • • • • • • • • •		
		
The date of each amendment(s) addate this document was signed.	doption:	_, if other than the
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this blo document's effective date on the De	ock does not meet the applicable statutory filing requirements, this date will not partment of State's records.	be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were ac was/were sufficient for approve	dopted by the members and the number of votes cast for the amendment(s) al.	

Dated	10/29/2020
Signatur	Baw. J.
5 gracu.	(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)
	HERNAN J BARRERA
	HERNAN J BARRERA (Typed or printed name of person signing)