

| (F | Requestor's Name) |
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| PICK-UP | WAIT MAIL |
| (E | Business Entity Name) |
| (0 | Occument Number) |
| Certified Copies | Certificates of Status |
| Special Instructions t | o Filing Officer: |
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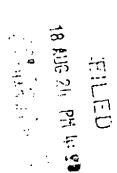
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COVER LETTER

TO: Amendment Section Division of Corporations

| NAME OF CORPORATION: | MINISTERIC |) MONTE DE ISR | AEL INC. | | |
|---|--|--|-------------------------------|--|---------|
| DOCUMENT NUMBER: | NI | 7000005943 | | | |
| | | | | | |
| The enclosed Articles of Amendme. | nt and fee are subm | itted for filing. | | | |
| Please return all correspondence cor | ocerning this matter | to the following: | | | |
| | QRLA | NDO CARRASQU | лью | | |
| | l | Name of Contact P | 'erson) | | |
| | OC CO | NSULTING FIRM | LINC | | |
| | | (Firm Compan | yı | | |
| | 49113 | SPARKLING PINI | ES CIR | | |
| | | (Address) | | | |
| | FOR | RT PIERCE, FL 34 | 951 | | |
| | (1 | City/ State and Zip | Code) | | |
| | OCCONSUL | .TINGFIRM@,YA | ноо.сом | | , |
| E-mail ac | ldress: (to be used f | or future annual re | port notification | n) | |
| For further information concerning t | his matter, please ca | all: | | | |
| ORLANDO CARRASQ | OJJJU | 21 | 561 | 542-5465 | |
| (Name | of Contact Person) | at | (Area Code) | (Daytime Telephone | Number) |
| Enclosed is a check for the following | g amount made pays | able to the Florida | Department of | State: | |
| | .75 Filing Fee & □ tificate of Status | 2\$43.75 Filing Fee Certified Copy (Additional copy enclosed) | Certif is Certif | 0 Filing Fee icate of Status ied Copy tional Copy is osed) | |
| <u>Mailing Address</u> Amendment Section | on | | reet Address nendment Sect | ion | |

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

MINISTERIO MONTE DE ISRAEL INC

(Name of Corporation as currently filed with the Florida Dept. of State) N17000005943 (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: 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 (Florida sireet address) New Registered Office Address: , Florida (Zip Code) 1CHY 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

 $P \Rightarrow President; V \Rightarrow Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee, C = Chairman or Clerk; CEO = Chief Executive Officer, CFO = Chief Financial Officer. If an officer director holds more than one title, list the first letter of each office held President, Treasurer, Director would be PTD.$

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>V</u> <u>Mik</u> | n Doe te Jones to Smith | |
|----------------------------------|---------------------|-------------------------------|-----------------------|
| Type of Action (Check One) | <u>Title</u> | <u>Name</u> | <u>Addres</u> s |
| L) Change | AT | NORMA DUBON | 2800 ESSEX DR |
| X Add | | | FORT PIERCE, FL 34946 |
| Remove | | | |
| 2) Change | | | |
| Add | | | |
| Remove | | | |
| 3) Change | | | |
| Add Remove | | | |
| 4) Change | | | |
| Add | | | |
| Remove | | | |
| 5)Change | | | |
| Add | | | |
| Remove | | | |
| 6) Change | | | |
| Add | | | |
| Remove | | | |

| E. <u>If amending or adding additional Arti</u> (attach additional sheets, if necessary) | (Be snecitie) | ' | | |
|---|---------------|---------------------------------------|---------------------------------------|---|
| | The specifics | | | |
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| The | e date of each amendment(s) adoption:, if other than the |
|-------------------|--|
| | this document was signed. |
| Eff | ective date <u>if applicable</u> : |
| | (no more than 90 days after amendment file date) |
| <u>Not</u> doc | e: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the ument's effective date on the Department of State's records. |
| Adı | option of Amendment(s) (CHECK ONE) |
| | The amendment(s) was/were adopted by the members and the number of votes east for the amendment(s) was/were sufficient for approval. |
| 8 | There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors. 08/20/2018 |
| | Signature St. Att. |
| | (By the chairman of 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 (iduciary by that fiduciary) |
| | JOSE A. DUBON-GARCIA |
| | (Typed or printed name of person signing) |
| | PRESIDENT |
| | (Fitle of person signing) |