State of Rhode Island
Department of State - Business Services Division

RECD RIDOS BSD
2025 OCT 15 PM 1:29:27

STAMP
FOR SECRETARY OF STATE USE ONLY

Certificate of Correction

DOMESTIC or FOREIGN Non-Profit Corporation

→ Filing Fee: $10.00

Pursuant to the provisions of RIGL 7-6-41.1 the undersigned corporation hereby submits the following Certificate of Correction:

1. Entity ID Number:	2. The name of the corporation is:
001669737	Iglesia manantial del Espirito Santo Habacuc 3:2

3. The document to be corrected is:	4. The date the document being corrected was originally filed:
. Articles of Amendment	1/3/2020

5. Specify the inaccurate record of the corporate action or the defective or erroneous execution, seal or acknowledgment:

Iglesia manantial del Espirito Santo Habacuc 3:2

→ 4 Directors

Check the box to indicate an attachment ☐

6. The new corrected portion of the document states as follows:

Iglesia Manantial del Espiritu Santo Habacuc 3:2

- 3 Directors.

Mayvelin Hm Garcia
Danilda Adams
Doris Liz S de Almonte

Check the box to indicate an attachment ☐

7. The corrected document ***MUST*** be attached to this certificate.

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

FILED STAMP

OCT 15 2025

BY PFK07

FORM 205 - Revised: 12/2023

8. The correction was adopted in the following manner: **CHECK ONE BOX ONLY**

☐ The correction was adopted at a meeting of the members held on _____, at which meeting a quorum was present, and the correction received at least a majority of the votes which members present or represented by proxy at such meeting were entitles to cast.

☑ The correction was adopted by a consent in writing on 10/12/25, signed by all members entitled to vote with respect thereto.

☐ The correction was adopted at a meeting of the Board of Directors held on _____, and received the vote of a majority of the directors in office, there being no members entitled to vote with respect thereto.

Under penalty of perjury, I declare and affirm that I have examined this Certificate of Correction, including any accompanying attachments, and that all statements contained herein are true and correct.

Type or Print Name of Authorized Officer of the Corporation	Date
Obispo Pedro Almonte	10/15/25

Signature of Authorized Officer of the Corporation

If you have any questions, please call us at (401) 222-3040, Monday through Friday, between 8:30 a.m. and 4:30 p.m., or email corporations@sos.ri.gov.

State of Rhode Island
Department of State - Business Services Division

RECD RIDOS 2025 OCT 15 PM 2:28

STAMP
SECRETARY OF STATE USE ONLY

Articles of Amendment

DOMESTIC Non-Profit Corporation

→ Filing Fee: $10.00

Pursuant to the provisions of RIGL 7-6-40, the undersigned corporation adopts the following Articles of Amendment to its Articles of Incorporation:

1. Entity ID Number:	2. The name of the corporation is:
001669737	Iglesia manantial del Espiritu Santo Habacuc 3:2

3. If the entity's name is changing, state the new name: Iglesia manantial del Espiritu Santo Habacuc 3:2

Check the box to indicate no change ☐

4. If the period of its duration is changing complete the following section: **CHECK ONE BOX ONLY**

☐ Perpetual (on-going)

☐ Date certain for dissolution _____

Check the box to indicate no change ☑

5. If the entity's purpose is changing complete the following section: **The new purpose should include **ALL** activity to be transacted in the State of Rhode Island.*

Check the box to indicate an attachment ☐

Check the box to indicate no change ☑

6. If the number of directors is increasing or decreasing (**not less than 3 directors**), state the number of directors in this section: 3

List **ALL directors as of this amendment*

NAME	ADDRESS
Mayvelin H M García	151 Cote Ave Apart L Woonsocket RI 02895
Danilda Adams	48 Ayrault st Providence RI 02908
Doris Liz S de Almonte	46 Ayrault st Providence RI 02908

Check the box to indicate an attachment ☐

Check the box to indicate no change ☐

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

STAMP
FOR SECRETARY OF STATE USE ONLY

7. If adding or amending additional provisions, complete the following section:

Check the box to indicate an attachment ☐ Check the box to indicate no change ☐

8. The amendment was adopted in the following manner: **CHECK ONE BOX ONLY**

☑ The amendment was adopted at a meeting of the members held on 10/12/25, at which meeting a quorum was present, and the amendment received at least a majority of the votes which members present or represented by proxy at such meeting were entitled to cast.

☐ The amendment was adopted by a consent in writing on _____, signed by all members entitled to vote with respect thereto.

☐ The amendment was adopted at a meeting of the Board of Directors held on _____, and received the vote of a majority of the directors in office, there being no members entitled to vote with respect thereto.

9. Date when these Articles of Amendment will be effective: **CHECK ONE BOX ONLY**

☑ Date received (Upon filing)

☐ Later effective date (Date must be no more than 30 days from the date of filing) _____

10. Under penalty of perjury, I declare and affirm that I have examined these Articles of Amendment, including any accompanying attachments, and that all statements contained herein are true and correct.

Type or Print the Name of the Non-Profit Corporation

Obispo Pedro Almonte

Type or Print Name of the President ☑ **OR** Vice President ☐

Obispo Pedro Almonte

Date: 10/15/25

Signature of President **OR** Vice President

Doris Liz Alm.

Type or Print Name of the Secretary ☑ **OR** Assistant Secretary ☐

Doris Liz Alm.

Date: 10-15-25

Signature of the Secretary **OR** Assistant Secretary

Iglesia Manantial del Espiritu Santo Habacu 3:2

TWO SIGNATURES ARE REQUIRED

If you have any questions, please call us at (401) 222-3040, Monday through Friday, between 8:30 a.m. and 4:30 p.m., or email corporations@sos.ri.gov.

State of Rhode Island
Department of State | Office of the Secretary of State
Gregg M. Amore, *Secretary of State*

I, GREGG M. AMORE, Secretary of State of the State of Rhode Island, hereby certify that this document, duly executed in accordance with the provisions of Title 7 of the General Laws of Rhode Island, as amended, has been filed in this office on this day:

October 15, 2025 01:30 PM

Gregg M. Amore
Secretary of State