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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION:	FUENTE DE VIDA, II	NC.		
N03000005431 DOCUMENT NUMBER:				
The enclosed Articles of Amendment and fee a	re submitted for filing.			
Please return all correspondence concerning thi	s matter to the following	" .		
REBECA CHIONG-FROMETA				
	(Name of Contac	t Person)		
	(Firm/ Comp	pany)		
4375 SW 96 AVENUE				
	(Address)		
MIAMI, FL 33165				
-	(City/ State and Z	Cip Code)		
chiongb@gmail.com				
E-mail address: (to b	e used for future annual	report notific	ration)	
For further information concerning this matter.	please call:			
REBECA CHIONG-FROMETA		786 at	2348699	
(Name of Contact F	erson)	(Area Co	de) (Daytime Telephone N	
Enclosed is a check for the following amount m	ade payable to the Flori	da Departmer	at of State:	
□ \$35 Filing Fee □ \$43.75 Filing Fe Certificate of \$t		oy is C	52.50 Filing Fee ertificate of Status ertified Copy Additional Copy is inclosed)	
Mailing Address Amendment Section		Street Addro Amendment		

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

MINISTERIO FUENTE DE VIDA, INC.

N03000005431			
(Document Nu	mber of Corporation (i	f known)	
Pursuant to the provisions of section 617.1006, Florida Sta amendment(s) to its Articles of Incorporation:	itutes, this Florida Not	For Profit Corporation adopts th	e following
A. If amending name, enter the new name of the corpo ACTS COMMUNITY CHURCH, INC.	ration:		The new
name must be distinguishable and contain the word "corpo "Company" or "Co." may not be used in the name.	•	ted" or the abbreviation "Corp."	
B. Enter new principal office address, if applicable:	N/A		
Principal office address <u>MUST BE A STREET ADDRE.</u>	<u>SS</u>)		
		;;;·	2070
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A	£	- پيد) استا استا
			Ċa ¯
			- PH 2:
D. If amending the registered agent and/or registered onew registered agent and/or the new registered office		la, enter the name of the	: 26
Name of New Registered Agent: N/A			
New Registered Office Address:		(Florida street address)	
		, Florida	
	(City)	(Zip Code)	
New Registered Agent's Signature, if changing Register hereby accept the appointment as registered agent. I am		pt the obligations of the position.	
	Signature of New Reg	istered 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 Add Remove			
4) Change Add			
Remove			
5) Change Add			
Remove			
6) Change Add			
Remove			
		onal Articles, enter change(s) here: essary). (Be specific)	
<u></u>			

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II INIC 1, 2020	
The date of each amendment(s) adoption: date this document was signed.	, if other than the
Effective date if applicable:	
Effective date if applicable: (no more than 90 days after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will n document's effective date on the Department of State's records.	ot be listed as the
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 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)
MAGDIEL A. FROMETA
(Typed or printed name of person signing)
PRESIDENT
(Title of person signing)