

N1000000 4535

(Requestor's Name)

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(Address)

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☐ PICK-UP

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(Business Entity Name)

(Document Number)

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Atrend.

8/27/12

DC



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 9, 2012

PASTOR LYSSIL R. SANCHEZ
MINISTERIO JESUS FUENTE DE VIDA, INC.
1211 SE 5TH TERRACE
CAPE CORAL, FL 33990

SUBJECT: MINISTERIO JESUS FUENTE DE VIDA, INC.
Ref. Number: N10000004535

We have received your document for MINISTERIO JESUS FUENTE DE VIDA, INC. and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The document you submitted has been prepared pursuant to profit statutes (chapter 607, Florida Statutes). As the entity was originally filed as a nonprofit corporation, this document should be filed pursuant to chapter 617, Florida Statutes.

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Thelma Lewis
Document Specialist Supervisor

Letter Number: 112A00018316

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: MINISTERIO JESUS FUENTE DE VIDA INC

DOCUMENT NUMBER: N10000004535

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

LYSSIL R SANCHEZ

(Name of Contact Person)

MINISTERIO JESUS FUENTE DE VIDA INC

(Firm/ Company)

1211 SW 5 TERRACE

(Address)

CAPE CORAL FL 33990

(City/ State and Zip Code)

lraysanc@aol.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

LYSSIL R SANCHEZ

(Name of Contact Person)

at (**786**) **252-7571**

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount made payable to the Florida Department of State:

- | | | | |
|--|--|---|--|
| <input type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &
Certified Copy
(Additional copy is
enclosed) | <input type="checkbox"/> \$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
of

MINISTERIO JESUS FUENTE DE VIDA, INC.

(Name of Corporation as currently filed with the Florida Dept. of State)

N10000004535

(Document Number of Corporation (if known))

FILED
12 AUG 17 AM 9:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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:

The new 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 street address)

New Registered Office Address:

_____, Florida _____
(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

(Attach additional sheets, if necessary)

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.

Example:

Address

6) _____ Change _____
 _____ Add _____
 _____ Remove _____

E. If amending or adding additional Articles, enter change(s) here:
(attach additional sheets, if necessary). (Be specific)

(attach additional sheets, if necessary). (Be specific)

[illegible]

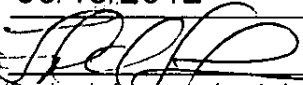
The date of each amendment(s) adoption: 06/01/2012

Effective date if applicable: SAME
(no more than 90 days after amendment file date)

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 06/15/2012

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)

LYSSIL R SANCHEZ
(Typed or printed name of person signing)

P/D
(Title of person signing)