## N 60000108 11

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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

Division of Corporations

P.O. Box 6327 Tallahassee, FL 32314

MANAN NAME OF CORPORATION:	TIALES DE ETERNA VIDA, INC		
N160000108 DOCUMENT NUMBER:	11		
The enclosed Articles of Amendment and t	ee are submitted for filing.		
Please return all correspondence concerning	g this matter to the following:		
ROSA E PACHECO VILLALTA			
	(Name of Contact Perso	on)	
VILLALTA AND ASSOCIATES ACCOU	JNTING GROUP. INC		
	(Firm/ Company)		
5454 NW 59th PL			
	(Address)		
TAMARAC, FL. 33319			-
	(City/ State and Zip Coo	de)	<u> </u>
ELENAPACHECO2014@GMAIL.COM			75
E-mail address:	(to be used for future annual report	notification)	<u> </u>
For further information concerning this mat	iter, please call:		- <del>-</del> -
ROSA E PACHECO VILLALTA	(9 at	954) 724-867	
(Name of Cont		rea Code) (Daytime Telepho	
Enclosed is a check for the following amou	nt made payable to the Florida Dep	artment of State:	
□ \$35 Filing Fee □\$43.75 Fil Certificate	ing Fee & S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is Enclosed)	
Mailing Address Amendment Section		t <u>Address</u> dment Section	

**Division of Corporations** 

2661 Executive Center Circle Tallahassee, FL 32301

Clifton Building

## Articles of Amendment Articles of Incorporation of

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	Articles of Amendment	
ام.	to Articles of Incorporation	
	of	· · · · · · · · · · · · · · · · · · ·
MANANTIALES DE ETERNA VIDA, INC		
	currently filed with the Florid	a Dept. of State)
N16000010811		
(Document	t Number of Corporation (if known	wn)
Pursuant to the provisions of section 617.1006, Florida amendment(s) to its Articles of Incorporation:	Statutes, this Florida Not For F	Profit Corporation adopts the following
A. If amending name, enter the new name of the cor	rporation:	
MINISTERIO MANANTIALES DE ETERNA VIDA	, INC	The new
name must be distinguishable and contain the word "co "Company" or "Co." may not be used in the name.	orporation" or "incorporated"	
3. Enter new principal office address, if applicable: Principal office address <u>MUST BE A STREET ADD</u>		
	-	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX	<b>(</b> Y)	
		<del></del>
D. If amending the registered agent and/or registere		ter the name of the
new registered agent and/or the new registered o	office address:	
Name of New Registered Agent:		
New Registered Office Address:	(Flore	da street address)
then hegistered Office Hadress.		
<del></del>	(City)	, Florida (Zip Code)
	(Crū)	(Zip Code)
New Registered Agent's Signature, if changing Registereby accept the appointment as registered agent. I		a obligations of the position

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>Y</u> <u>SV</u>	John Doo Mike Jor Sally Sm	<u>1es</u>	
Type of Action (Check One)	<u>Title</u>		Name	<u>Addres</u> s
1) Change		_		- <u>-</u>
Add				
Remove				
2) Change				
		_		
Add				
Remove				
3 ) Change		_		
Add				
Remove				
4) Change		_	<del></del>	
Add				
Remove				
5) Change		<b>-</b>		
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Remove				
6) Change		_		
Add				-
Remove				

If amending or addir (attach additional shee	ets, if necessary).	(Be specific)					
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The	e date of each amendment(s) adoption:	, if other than the
date	e this document was signed.	
Effe	ective date if applicable:	
	(no more than 90 days after amendment file date)	
	te: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not tument's effective date on the Department of State's records.	be listed as the
Ado	option 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.	
	08/01/2017 Dated	
	Signature Act	_
	MARIO R FIGUEROA	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	