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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION:	MINISTERIO H	OSANNA MANANTIAL I	DE VIDA INC.
	00003 85 0		_
The enclosed Articles of Amendment ar	nd fee a re submitted for fi	ling.	
Please return all correspondence concert	ning thi s m atter to the fol	lowing:	
	HECTOR JO	SE ARROLIGA	
	(Name of C	Contact Person)	
	Regis	stered Agent	
	(Firm/	Company)	
	2870 NW 1	8 Ave. Apt. 4H	
	(A	ddress)	
	Miam	i. F1. 33142	
	(City/ State	and Zip Code)	
	h	@outlook.com	
		annual report notification)	
For further information concerning this	natter, pl ea se call:		
HECTOR J	. ARROD IG A	(305) at	890-7533
(Name of C	ontact Person)	(Area Code) (I	Daytime Telephone Number)
Enclosed is a check for the following an	nount made payable to the	: Florida Department of Stat	e:
CK \$1013	ate of Sta ius — Certified	l Copy Certificat nal copy is Certified	e of Status Copy ad Copy is
Mailing Address Amendment Section Division of Corporatio P.O. Box 6327 Tallahassee, F1, 3231-	11	Street Address Amendment Section Division of Corporat Clifton Building 2661 Executive Cent Tallahassee, FL 3230	er Circle



FLORIDA DEPARTMENT OF STATE | Division of Corporations

October 30, 2017

HECTOR J. ARROLIGA 2870 NW 18 AVENUE APT. 4H MIAMI, FL 33125

SUBJECT: MINISTERIO HOSANNA MANANTIAL DE VIDA INC.

Ref. Number: N17000003850

We have received your document 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.

Claretha Golden Regulatory Specialist II

Letter Number: 217A00021912

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Articles of Amendment to Articles of Incorporation of

FREE

2017 NOY 15 AM 9: 07 MINISTE**RI**O HOSANNA MANANTIAL DE VIDA, INC. (Name of Corporation as currently filed with the Florida Dept. of State) N17000003850 (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 street address) New Registered Office Addres's: _. Florida ___ (City) (Zip Code)

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

New Registered Agent's Signature, if changing Registered Agent:

Signature of New Registered Agent, if changing

address of each Officer (Attach additional sheet Please note the officer/a P = President; V= Vice	and/or I s, if neces. lirector tit. President = Chief F	Director being sary) le by the first le Treasurer inancial Office	added: tter of the office title; S= Secretary; D= Director; TR= r. If an officer/director holds more	cer/director being removed and title, name, and Trustee; C = Chairman or Clerk; CEO = Chief than one title, list the first letter of each office
	aves the c	orporation, S al	ly Smith is named the V and S. The:	he PST and Mike Jones is listed as the V. There is se should be noted as John Doe, PT as a Change,
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>Nam</u>	<u> </u> 	Address
1) Change	<u>D</u>	_	YADIRA ALTAMIRANO	2710 NW 14 Ave.
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X Remove				
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Page 2 of 4

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If amending or adding additional (attach additional sheets, if necessar	Articles, enter ch	ange(s) here:		
(attach additional sheets, if necessar	y). (Be specific)			
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•	11	August 15, 2017	
The date of each amendment(s) adoption	: <u> </u>		, if other than the
late this document was signed.	}		
Augus	st 1 5, 2	017	
Effective date <u>if applicable</u> :	<u> </u>	and an OO down of many harms of the date.	
1	(no m o. 	re than 90 days after amendment file date)	
Note: If the date inserted in this block does document's effective date on the Department		ect the applicable statutory filing requirements, this date will ate's records.	I not be listed as the
Adoption of Amendment(s)	(CHE	CK ONE)	
☐ The amendment(s) was/were adopted was/were sufficient for approval.	by the	members and the number of votes cast for the amendment(s)	
There are no members or members entadopted by the board of directors. August 15, 2017	iitledit	o vote on the amendment(s). The amendment(s) was/were	
Dated August 13, 2017			
Signature	_{		
(By the chairman or	vice c	hirman of the board, president or other officer-it directors	
		an incorporator – if in the hands of a receiver, trustee, or	
other court appoint	.carngu ∥	clary by that fiduciary) 	
		\ KEVIN GARCIA TORREZ	
		(Typed or printed name of person signing)	
		PRESIDENT	
		(Title of person signing)	