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COVER LETTER

TO: Amendment Section Division of Corporations

IGLESIA NAME OF CORPORATION:	FUENTE DE GRACI	A, INC	
N1700000642	4		
The enclosed Articles of Amendment and	fee are submitted for fi	ling.	
Please return all correspondence concernin	g this matter to the foll	owing:	
LUIS GREGORIO AMESTY			
	(Name of (Contact Person)	
	(Firm/	Company)	
7443 VOLLEY DR N			
	(A	ddress)	
JACKSONVILLE, FL 32277			
	(City/ State	and Zip Code)	
MAAM6651@GMAIL.COM			
E-mail address:	(to be used for future a	annual report notification	n)
For further information concerning this ma	tter, please call:		
DIEGO PELAEZ		9()4 at	537-5929
(Name of Con	tact Person)	(Area Code)	(Daytime Telephone Number)
Enclosed is a check for the following amou	int made payable to the	: Florida Department of	State:
S35 Filing Fee S43.75 File Certificate		Copy Certi nal copy is Certi d) (Add	50 Filing Fee ficate of Status fied Copy itional Copy is osed)
Mailing Address		Street Address	

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

FILED

18 JAN 31 AM 10: 21



Articles of Amendment to Articles of Incorporation of

IGLESIA FUENTE DE GRACIA, INC.				
(Name of Corporation	as currently filed with the Florid	la Dept. of State)		
N17000006424				
(Docum	nent Number of Corporation (if kno	own)		
Pursuant to the provisions of section 617.1006, Flor amendment(s) to its Articles of Incorporation:	rida Statutes, this <i>Florida Not For</i>	Profit Corporation adopts the following		
A. If amending name, enter the new name of the	corporation:			
MAAM FUENTE DE GRACIA, INC.		The new		
name must be distinguishable and contain the word "Company" or "Co." may not be used in the name		or the abbreviation "Corp," or "Inc."		
B. Enter new principal office address, if applical (Principal office address MUST BE A STREET A.				
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE I				
	JACKSONVILLE, FL	32277		
D. If amending the registered agent and/or registered agent and/or the new registered. Name of New Registered Agent:		nter the name of the		
name by New Negaterea Agent.	7443 VOLLEY DR N			
New Registered Office Address:	(Florida street address)			
	JACKSONVILLE	, Florida 32277		
	(City)	(Zip Code)		
New Registered Agent's Signature, if changing R I hereby accept the appointment as registered agen		he obligations of the position.		
• <u>•</u>	Signature of New Reviste	Amosy		
	Signature of New Registe.	red Agent if changilio		

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>V</u> <u>Mi</u>	nn <u>Doe</u> ke Jones ly Smith	
Type of Action (Check One)	Title	Name	<u>Addres</u> s
1) Change	Р	TULIO J MONTOYA BISHOP	1382 PROVIDENCE BLVD
Add X Remove			DELTONA, FL 32725
2) Change	P	LUIS GREGORIO AMESTY	7443 VOLLEY DR N
X Add			JACKSONVILLE, FL 32277
Remove 3) Change	D	CARLOS PINEDA	1382 PROVIDENCE BLVD
Add		· · · · · · · · · · · · · · · · · · ·	DELTONA, FL 32725
X Remove			-1
4) Change	D	ERSILIA E GARCIA	1382 PROVIDENCE BLVD
Add			DELTONA, FL 32725
X Remove			
5) X Change	D	MARCO T GOMEZ	1382 PROVIDENCE BLVD
Add			DELTONA, FL 32725
Remove			
6) Change	VP	MARIA SILVIA MONTANARI	7443 VOLLEY DR N
X Add			JACKSONVILLE, FL 32277
Remove		Page 2 of 4	

smending or add ttach additional sho	ets, if necessary).	(Be specific,)				
							
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The	date of each ame	JANUARY 23 2018 idment(s) adoption:	_, if other than the
	this document was		_, ,,
Effe	ctive date <u>if appli</u>		
		(no more than 90 days after amendment file date)	
		ed in this block does not meet the applicable statutory filing requirements, this date will not bate on the Department of State's records.	e listed as the
Ade	ption of Amendm	ent(s) (<u>CHECK ONE</u>)	
	The amendment(s was/were sufficient) was/were adopted by the members and the number of votes cast for the amendment(s) at for approval.	
=	There are no men adopted by the bo	bers or members entitled to vote on the amendment(s). The amendment(s) was/were ard of directors.	
	Dated	JANUARY 11, 2018	
	Signature	Lues Gragoreo Honesty	_
		(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)	
		LUIS GREGORIO AMESTY	
		(Typed or printed name of person signing)	
		PRESIDENT	
		(Title of person signing)	