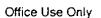
## N1900000 4926

(Requestor's Name)						
(Address)						
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(City/State/Zip/Phone #)						
PICK-UP WAIT MAIL						
(Business Entity Name)						
(Document Number)						
Certified Copies Certificates of Status						
Special Instructions to Filing Officer:						





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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

Tallahassee, FL 32314

IGLESINAME OF CORPORATION:	IA FUENTE DE VI	DA MAN	NA INC.	
DOCUMENT NUMBER:	N19000004926			
The enclosed Articles of Amendment and fee are su				
Please return all correspondence concerning this ma	tter to the following	:		
OF	RLANDO CARRAS	SQUILLO	)	
	(Name of Contact	t Person)		
O	C CONSULTING F	IRM IN	C.	
	(Firm/ Comp	any)	.,	
8	775 20TH STREE	T LOT	324	
	(Address	)		
	VERO BEACH F	L 329	66	
	(City/ State and Z	(ip Code)		
	NSULTINGFIRM@	-		
E-mail address: (to be us		report no	otification	n)
For further information concerning this matter, pleas	se call:			
ORLANDO CARRASQUILLO		at		
(Name of Contact Perso	on)	(Are	a Code)	(Daytime Telephone Number)
Enclosed is a check for the following amount made	payable to the Florid	da Depar	tment of	State:
☐ \$35 Filing Fee			Certif Certif	0 Filing Fee icate of Status ied Copy tional Copy is osed)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327	Street Address Amendment Section Division of Corporations Clifton Building			

2661 Executive Center Circle

Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of

## IGLESIA FUENTE DE VIDA MANA INC

(Name of Corporation as current	ly filed with the Flo	orida Dept. of State)	
N19000004926			
(Document Number	er of Corporation (if	known)	
Pursuant to the provisions of section 617.1006, Florida Statute amendment(s) to its Articles of Incorporation:	s, this <i>Florida Not F</i>	Tor Profit Corporation adopts the fo	ollowing
A. If amending name, enter the new name of the corporation	<u>on:</u>		
			The new
name must be distinguishable and contain the word "corporat" "Company" or "Co." may not be used in the name.	ion" or "incorporate	ed" or the abbreviation "Corp." or	"Inc."
B. <u>Enter new principal office address, if applicable:</u> (Principal office address <u>MUST BE A STREET ADDRESS</u> )		<u>.</u>	
			<u></u>
C. Enter new mailing address, if applicable:		•	<u>.</u>
(Mailing address MAY BE A POST OFFICE BOX)		<del></del> -	
			72
D. If amending the registered agent and/or registered offic new registered agent and/or the new registered office a		a, enter the name of the	95
Name of New Registered Agent:			
		Florida street address)	
New Registered Office Address:			
		, Florida	
	(City)	(Zip Code)	
New Registered Agent's Signature, if changing Registered I hereby accept the appointment as registered agent. I am fai	Agent: miliar with and accep	ot the obligations of the position.	
	anatura of Man Paa	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, ar 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: XChange X Remove X Add		Doe Jones Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	S	ORALIAL RODRIGUEZ	1139 GALILEO ST E
Add			LEHIGH ACRES, FL 33974
X Remove			
2) X Change	<u>s</u>	ORALIA IRASEMA RODRIGUEZ	1139 GALILEO ST E
Add			LEHIGH ACRES, FL. 33974
Remove			
3 ) Change			
Add			
Remove			
4) Change			
Add			
Remove			<u> </u>
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

Ē.	If amending or adding additional Arti	cles, enter chi	ange(s) he	re:					
	If amending or adding additional Articletach additional sheets, if necessary).	(Be specific)							
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The	e date of each amendment(s) adoption:	, if other than th					
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 current's effective date on the Department of State's records.	be listed as the					
Ade	option of Amendment(s) ( <u>CHECK ONE</u> )						
	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.						
	07/08/2019 Dated						
	Signature Arnulf-o pulido	_					
	(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)						
	ARNULFO PULIDO						
	(Typed or printed name of person signing)						
	PRESIDENT						
	(Title of person signing)						