

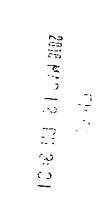
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## **COVER LETTER**

TO: Amendment Section Division of Corporations

NAME OF CORPORATION	ILUS Corp
DOCUMENT NUMBER:	N06000011306
The enclosed Articles of Amen	dment and fee are submitted for filing.
Please return all correspondence	e concerning this matter to the following:
Sherry Jackson	
<del> </del>	(Name of Contact Person)
ILUS Corp	
	(Firm/ Company)
PO Box 4731	
	(Address)
Eagle, CO. 81631	
	(City/ State and Zip Code)
sherry.jackson01@gmail.com	
E-m.	ail address: (to be used for future annual report notification)
For further information concern	ing this matter, please call:
Sherry Jackson	561-352-388 <b>5</b>
(N	ame of Contact Person) (Area Code) (Daytime Telephone Number)
Enclosed is a check for the follo	owing amount made payable to the Florida Department of State:
☐ \$35 Filing Fee ☐	3\$43.75 Filing Fee & Certificate of Status       Certified Copy (Additional copy is enclosed)       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

ILUS Corp		2015 12 12 p
	rrently filed with the Florida Dept.	of State)
N06000011306		
(Document N	lumber of Corporation (if known)	S
Pursuant to the provisions of section 617,1006, Florida St mendment(s) to its Articles of Incorporation:	tatutes, this Florida Not For Profit Co	orporation adopts the following
a. If amending name, enter the new name of the corp	oration:	The new
name must be distinguishable and contain the word "corp	poration" or "incorporated" or the a	abbreviation "Corp." or "Inc."
"Company" or "Co," may not be used in the name.	/	
3. Enter new principal office address, if applicable:		
Principal office address <u>MUST BE A STREET ADDRI</u>	$\frac{\text{ESS}}{2}$	
	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	
		<del></del>
C. Enter new mailing address, if applicable:	1	
(Mailing address MAY BE A POST OFFICE BOX)		
	N1 /A	
	<del></del>	
). If amending the registered agent and/or registered		name of the
new registered agent and/or the new registered off	ice address:	
Name of New Registered Agent:		
	, /	
	Flyrida street o	address)
New Registered Office Address:	1°/H	
		Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if changing Registe		
hereby accept the appointment as registered agent. I a	m familiar with and accept the obliga	ttions of the position.
	Signature of New Registered Agen	it, if changing

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>V</u> <u>SV</u>	John Doe Mike Jones Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change			
Add			
Remove			
2) Change			
Add			
Remove			
3 ) Change	<del></del>		
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4) Change		_ \\	<u> </u>
Add		1	
Remove		•	
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific)
Please AMEND Article III to read:
Said organization is organized for the charitable purposes of providing relief to the poor, the distressed, and/or the
underpriviledged either directly or indirectly. ILUS Corp will be operating as an exempt organization under section501(c)3
of the Internal Revenue Code, or corresponding section of any future federal tax code.
Please AMEND Article IV to read:
The manner in which directors/officers are elected or appointed is by vote except for the position of CEO. The presiding
CEO shall appoint his/her successor.
Please ADD Article X:
The CEO is granted 51% of the vote in all board decisions. The secretary is granted 25% of the vote in all board decisions.

The date of each amend	Iment(s) adoption:	if other than the
late this document was s		
	March 6, 2018	
Effective date <u>if applica</u>		
	(no more than 90 days after amendment file date)	
	d in this block does not meet the applicable statutory filing requirements, this date will not be e on the Department of State's records.	listed as the
Adoption of Amendmen	nt(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) for approval.	
There are no member adopted by the boar	ers or members entitled to vote on the amendment(s). The amendment(s) was/were rd of directors.	
	March 6, 2018	
Dated _		
Signature _	Sherry Jackson	
	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)	
	Sherry Jackson	
	(Typed or printed name of person signing)	
	CE()	
	(Title of person signing)	