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COVER LETTER

Division of Corporations Shua's Heart Foundation Inc 107000011409 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Uasheart.Org E-mail address: (to be used for duture annual report notification) For further information concerning this matter, please call: Enclosed is a check for the following amount made payable to the Florida Department of State: \$35 Filing Fee \$\Bigcup\$43.75 Filing Fee & \$\Bigcup\$\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status (Additional copy is Certified Copy

enclosed)

Mailing Address

TO: Amendment Section

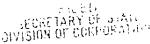
Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street Address

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

(Additional Copy is Enclosed)

Articles of Amendment to

Articles of Incorporation



Joshya's Heat (Name of Corporation as cu No70000 1140 9	Foundation Inc 2016 NOV - 4 PM 1:5
(Name of Corporation as cu	urrently filed with the Florida Dept. of State)
NO70000 1140 9	
(Document N	Number of Corporation (if known)
rsuant to the provisions of section 617.1006, Florida Standard (s) to its Articles of Incorporation:	tatutes, this Florida Not For Profit Corporation adopts the following
If amending name, enter the new name of the corp	oration:
_	The new
ime must be distinguishable and contain the word "cor Company" or "Co." may not be used in the name	rporation" or "incorporated" or the abbreviation "Corp." or "Inc."
Enter new principal office address, if applicable:	
Principal office address <u>MUST BE A STREET ADDR</u>	<u>ESS</u>)
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
. If amending the registered agent and/or registered	d office address in Florida, enter the name of the
new registered agent and/or the new registered of	fice address:
Name of New Registered Agent:	
· · · · · · · · · · · · · · · · · · ·	
	(Florida street address)
New Registered Office Address:	
	, Florida
	(City) (Zip Code)
ov Donistanna Amanta Cimpatana is shamata Donis	thread through
ew Registered Agent's Signature, if changing Regis hereby accept the appointment as registered agent. I	am familiar with and accept the obligations of the position.
	Signature of Non Registered Agent 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		Doe Jones Smith		
Type of Action (Check One)	<u>Title</u>	<u>Name</u>		<u>Addres</u> s
1) Change	PD	Claudia	M-lean	P.O BOX 640342 Miomi, Fl 33/64
Add				Moni, FL 33/64
Remove				
2) Change			- -	
Add				
Remove				
3) Change				
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4) Change				
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4 - 4 - 4	0/25/24		
The date of each amendment(s) adopti date this document was signed.	on: 4/20/6	DECKETARY DIVISION OF COL	Eother than th Of State REOKATES
Effective date <u>if applicable</u> :	2/25/2016		PH 1:55
	(no more than 90 days after amendment file date)	2018 NOV - 4	rn 1.33
Note: If the date inserted in this block document's effective date on the Department.	oes not meet the applicable statutory filing requirements, nent of State's records.	this date will not be li	sted as the
Adoption of Amendment(s)	(CHECK ONE)		
was/were sufficient for approval.	ed by the members and the number of votes cast for the an entitled to vote on the amendment(s). The amendment(s)		
adopted by the board of directors.	· ,		
Dated 10/6	25/16		
Signature	Ow		
(By the chairman have not been se	or vice chairman of the board, president or other officer- elected, by an incorporator – if in the hands of a receiver, binted fiduciary by that fiduciary) A C (Typed or printed name of person signing)		
	Director (Title of person signing)		