(Re	questor's Name)	
(Ad	dress)	
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(Cit	ty/State/Zip/Phone	» #)
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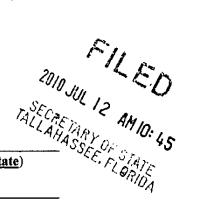
SECRETARY OF STATE ALLAHASSEE, FLORIDA

# **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPO	RATION: Von Jaz Eisha	Living Water Palace, In	iC
DOCUMENT NUM	век: <u>N0800007076</u>		
The enclosed Articles	s of Amendment and fee are sub	mitted for filing.	
Please return all corre	espondence concerning this matt	er to the following:	
		IA A. BURNEY	
	(Name of	Contact Person)	
	Von Jaz Eisha Li	ving Water Palace, Inc.	
	(Firm	/ Company)	
	5202	EAGLE DR	
	(/	Address)	
	FT PIFF	RCE FL 34951	
		te and Zip Code)	
	I hurneys	/@bellsouth.net	
	E-mail address: (to be use	d for future annual report notifica	tion)
For further information	on concerning this matter, please	e catl:	
LAVANGI	A A. BURNEY	at ( 772 ) 446-540	4
(Name	of Contact Person)	(Area Code & Daytim	ne Telephone Number)
Enclosed is a check f	or the following amount made p	ayable to the Florida Department	of State:
☑ \$35 Filing Fee	☐ \$43.75 Filing Fee & Certificate of Status	☐ \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐ \$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Address Amendment Section		Street Address Amendment Section	
Division of Corporations P.O. Box 6327		Division of Corporation Clifton Building	ns
Tallahassee, FL 32314		2661 Executive Center Tallahassee, FL 32301	Circle

#### Articles of Amendment to Articles of Incorporation of



# Von Jaz Eisha Living Water Palace, Inc.

(Name of Corporation as currently filed with the Florida Dept. of State)

### N08000007076

(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:

e new name must be distinguishable ar breviation "Corp." or "Inc." <u>"Compan</u>			corporatea or the
Enter new principal office address, if incipal office address MUST BE A STI		<u> </u>	
morphi oggioù unin ese <u>maest statte</u>		1	
• '			
Enter new mailing address, if applications address MAY RE A ROST O			
(Mailing address <u>MAY BE A POST O</u>	FFICE BUX)	<u> </u>	
		:	
	<del></del>	**************************************	
If amending the registered agent and new registered agent and/or the new			nter the name of the
new registered agent and/or the new			nter the name of the
new registered agent and/or the new	registered office addres		nter the name of the
Name of New Registered Agent:	registered office addres	<u>s:</u> :	nter the name of the
Name of New Registered Agent:	registered office addres	<u>s:</u> :	
Name of New Registered Agent:	registered office addres	s: treet address)	, Florida

Page 1 of 3

# 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) <u>Title</u> <u>Name</u> Address **Type of Action** \_ 🔲 Add ☐ Remove ☐ Add ☐ Remove E. If amending or adding additional Articles, enter change(s) here: · (attach additional sheets, if necessary). (Be specific)

The date of each amendment(s)	adoption: NOVEMBER 22, 2009
Effective date <u>if applicable</u> :	JULY 9, 2010
	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
☑ The amendment(s) was/were was/were sufficient for approx	adopted by the members and the number of votes cast for the amendment(s) val.
There are no members or me adopted by the board of direct	mbers entitled to vote on the amendment(s). The amendment(s) was/were tors.
Signature (By the have to	e chairman or vice chairman of the board, president or other officer-if directors not been selected, by an incorporator – if in the hands of a receiver, trustee, occurr appointed fiduciary by that fiduciary)
	LAVANGIA A. BURNEY
	(Typed or printed name of person signing)
	CEO
	(Title of person signing)

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