N090000 11699

(Requestor's Name)			
(Ac	ddress)		
(Ac	ddress)		
(Ci	ty/State/Zip/Phone #)		
PICK-UP	WAIT MAIL		
(Bu	usiness Entity Name)		
(Document Number)			
Certified Copies	Certificates of Status		
Special Instructions to	Filing Officer:		

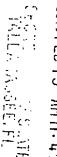


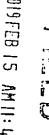


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R. WHITE FEB 1 8 2019





COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION	i: A.Jon	es Econity P	bondation 18nc.
DOCUMENT NUMBER:		t	1/
DOCUMENT NUMBER:	, 10 1000	Onori	······································
The enclosed Articles of Amen	idment and fee are subm	nitted for filing.	
Please return all correspondence	ce concerning this matte	r to the following:	
	Andrew	John Jones	2
•		(Name of Contact Perso	n)
	······	(Firm/ Company)	
		(1 mile Company)	
4	5ma South	US High	17-97
 	200 70011	(Address)	7 1 12
	4		
	(450	(City/ State and Zip Cod	52 <i>707</i>
		(City/ Stale and Zip Cod	e)
	Legal	Assist @ JEJ	LAW. com
Е-т	iail address: (to be used	for future annual report	notification)
For further information concern	ning this matter, please o	call:	
Andrew	John Jones	at (107) 834-5700
(N	lame of Contact Person)		rea Code) (Daytime Telephone Number)
Enclosed is a check for the foll	owing amount made pay	yable to the Florida Dep	artment of State:
□ \$35 Filing Fee □	□\$43.75 Filing Fee & I 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 Ado	<u>iress</u>	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

Articles of Amendment to

FILED

Articles of Incorporation of

2019 FEB 15 AHII: 49

A. Jones Found	tly filed with the Florida Dept. of State N 4 DEE. FL
(Name of Corporation as current	
(Document Number	er of Corporation (if known)
Pursuant to the provisions of section 617,1006, Florida Statute amendment(s) to its Articles of Incorporation:	es, this Florida Not For Profit Corporation adopts the following
A. If amending name, enter the new name of the corporati	ion:
Janes Familia	v Charities Inc
name must be distinguishable and contain the word "corporat "Company" or "Co." may not be used in the name.	tion" or "incorporated" of the abbreviation "Corp." or "Inc."
B. Enter new principal office address, if applicable:	5200 South U.S. Hwy 17-92
(Principal office address MUST BE A STREET ADDRESS)	Casselburry, Fl. 32707
	,
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	5200 South U.S. Huy 17-92
	Casselberry, Fl. 32707
	0.22(1)0114)
D. If amending the registered agent and/or registered office new registered agent and/or the new registered office a	
Name of New Registered Agent: (7)	on Edward Jones
	OSWH OS Hwy 17-92 (Florida street address)
New Registered Office Address:	
(4)	As been 22700
	Solbery Florida 32707 (City) (Lip Code)
New Registered Agent's Signature, if changing Registered I hereby accept the appointment as registered agent. I am fan	
	John Strings
- Si	ignature of New 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	V Mik	n Doe se Jones y Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change Add Remove	<u> </u>	Carolyn M Jones	5200 South U.S. Huy 17-92 Casselburry, Fl. 32707
2) Change Add	<u>_S_</u>	Anthony Adams	5200 South US Hay 17-92 Cesselbury, Fl. 32707
X Remove 3) X Change Add Remove	<u></u>	Andrew John Jones	5200 Suth U5 Hay 17-92 (ischerry, F1. 3270)
4) Change Add Remove	_S_	Dewn Wilkerson	5200 South Us Hay 17-92 Less Burry, Fl. 32707
5) Change Add Remove	1_	James Bustician	5200 Suchh U/ Hay 17-92 Coxelbarry; Fl. 32707
6) Change Add Remove		Page 2 of 4	
		rage 2 01 4	

E. If amending or adding additional Article (attach additional sheets, if necessary).	cles, enter change(s) here: (Be specific)
	· · · · · · · · · · · · · · · · · · ·

The date of each amendment(s) a date this document was signed.	doption:	1/04/19	, if other than the
Effective date <u>if applicable</u> :	4/01/11	9	
	(no more than 90 days after a	mendment file date)	
Note: If the date inserted in this baccument's effective date on the D	ock does not meet the applicable statuepartment of State's records.	ntory filing requirements, this date v	will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)		
The amendment(s) was/were a was/were sufficient for appro-	adopted by the members and the numb	er of votes cast for the amendment	(s)
☐ There are no members or men adopted by the board of direct	nbers entitled to vote on the amendmentors.	nt(s). The amendment(s) was/were	
Dated	19		
Signature	Andre Our		
(By the cha have not b	irman or vice chairman of the board, peen selected, by an incorporator – if in appointed fiduciary by that fiduciary	the hands of a receiver, trustee, or	
	(Typed or printed nan	ne of person signing)	-
	Regardered to exit (Title of p	rerson signing)	-