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TO: Amendment Section
Division of Corporations

NAME OF CORPORATION:	ESTORATION EN J	ESUS-CHRIST,	INC.		
DOCUMENT NUMBER:	I				
The enclosed Articles of Amendment and for	ee are submitted for f	īling.			
Please return all correspondence concerning	this matter to the fol	llowing:			
INGRID LOUIS					
	(Name of	Contact Person)			
JEUNE RESTORATION EN JESUS-CHR	IST, INC.				
	(Firm	/ Company)			
529 NE 159 STREET					
· · · · · · · · · · · · · · · · ·	(A	(ddress)			
MIAMI, FLORIDA 33162					
	(City/ State	e and Zip Code)			
INGRIDLOUIS@YMAIL.COM; SHELLY	/DUPERA2@YAHC	OO.COM			
E-mail address: (to be used for future	annual report no	tification	1)	
For further information concerning this matt	er, please call:				
SHELLY DUPERA		786 at		378-2752	
(Name of Cont	act Person)		Code)	(Daytime Telep	hone Number)
Enclosed is a check for the following amour	it made payable to the	e Florida Depart	ment of S	State:	
☐ \$35 Filing Fee ☐ \$43.75 Fili Certificate		l Copy nal copy is	Certifi Certifi	O Filing Fee cate of Status led Copy cional Copy sed)	
Mailing Address		Street A	ddress		

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

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

Articles of Amendment to Articles of Incorporation of

2016 JUN 23 PM 4: 07

JEUNE RESTORATION EN JESUS-CHRIST, INC.		
(Name of Corporation as	currently filed with the Flor	rida Dept. of State)
N10000001409		
(Documen	nt Number of Corporation (if k	nown)
Pursuant to the provisions of section 617.1006, Florida amendment(s) to its Articles of Incorporation:	a Statutes, this <i>Florida Not Fo</i>	or Profit Corporation adopts the following
A. If amending name, enter the new name of the co	orporation:	
CHURCH OF RESTORATION IN JESUS CHRIST,	INC.	The new
name must be distinguishable and contain the word "c "Company" or "Co." may not be used in the name.	corporation" or "incorporated	
B. Enter new principal office address, if applicable (Principal office address MUST BE A STREET ADD	e: DRESS)	
C. <u>Enter new mailing address, if applicable:</u> (Mailing address <u>MAY BE A POST OFFICE BO</u>	<u></u>	
D. If amending the registered agent and/or register new registered agent and/or the new registered		enter the name of the
Name of New Registered Agent:		
New Registered Office Address:	(Fl	orida street address)
		, Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if changing Reg I hereby accept the appointment as registered agent.		the obligations of the position.
	Signature of New Regist	ered Agent, if changing

If amending the Officer's 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 Do Mike Jo Sally Sr	<u>nes</u>	
Type of Action (Check One)	<u>Title</u>		<u>Name</u>	<u>Addres</u> s
1) Change	D	_	LOUIS, INGRID	529 NE 159 STREET
Add				MIAMI, FL 33162
X Remove				
2) Change	S	_	LOUIS, INGRID	529 NE 159 STREET
X Add				MIAMI, FLORIDA 33162
Remove				
3) Change		_		
Add				
Remove				
4) Change				
4) Change		_		
Add				
Remove				
5) Change		_		
Add				
Remove				
6) Change				
Add		-		
Remove				
Kemove				

f amending or adding additional Ar attach additional sheets, if necessary).	(Be specific)			
<u>,</u>				
100				
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				-
·			_	
15, 16				
		-		

FILED
SECRETARY OF STATE
DIVISION OF CORPORATION: __, if other than the

.The date of each amendment(s) adoption	:, if other than th
date this document was signed.	
6/16/16	2016 JUN 23 PM 4: 07
Effective date if applicable:	(no more than 90 days after amendment file date)
·	no more than 50 days after amenament five dates
<u>Note:</u> If the date inserted in this block does document's effective date on the Department	s not meet the applicable statutory filing requirements, this date will not be listed as the nt of State's records.
Adoption of Amendment(s)	(CHECK ONE)
☐ The amendment(s) was/were adopted by was/were sufficient for approval.	by the members and the number of votes cast for the amendment(s)
There are no members or members ent adopted by the board of directors.	titled to vote on the amendment(s). The amendment(s) was/were
Dated 06/16/16	
Signature Ruch ou	d Marquerite
(By the chairman or have not been selection)	vice chairman of the board, president or other officer-if directors eted, by an incorporator – if in the hands of a receiver, trustee, or ed fiduciary by that fiduciary)
MARGUERITE	RICHARD
	(Typed or printed name of person signing)
PRESIDENT	
	(Title of person signing)