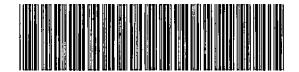
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Amend

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: Jennifer LeClaire Ministries, Inc.
DOCUMENT NUMBER: N10000005239
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Jennifer LeClaire (Name of Contact Person)
(Name of Contact Person)
Jennifer Le Claire Ministères, Inc. (Firm/Company)
(Firm/ Company)
434 NW IST Ave. # GOY
(.1331-53)
Fort Lauderdale, FL 33301 (City/ State and Zip Code)
(City/ State and Zip Code)
E-mail address: (to be used for future angual report notification)
,
For further information concerning this matter, please call:
) enrifer LeClaire at 305-467-4284 (Area Code) (Daytime Telephone Number)
(Name of Contact Person) (Area Code) (Daytime Telephone Number)
Enclosed is a check for the following amount made payable to the Florida Department of State:
\$35 Filing Fee S43.75 Filing Fee S43.75 Filing Fee See Certificate of Status Certified Copy (Additional copy is enclosed) \$43.75 Filing Fee S43.75 Filing Fee See Certified Copy (Certified Copy (Additional Copy is Enclosed)
Mailing Address Street Address

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, F1, 32314 Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Articles of Amendment

to

Articles of Incorporation

of

John Fer Leclain	e Ministrie	os, Inc.
(Name of Corporation as curr	- · · · · · · · · · · · · · · · · · · ·	— <i>f</i>
N10000005	2 3 9	
	mber of Corporation (if kno	own)
Pursuant to the provisions of section 617.1006, Florida Stat amendment(s) to its Articles of Incorporation:	utes, this Florida Not For	Profit Corporation adopts the following
A. If amending name, enter the new name of the corpor	ation:	
٨	1/A	Theorem
name must be distinguishable and contain the word "corpo "Company" or "Co." may not be used in the name.	ration" or "incorporated"	or the abbreviation "Corp," or "Inc."
B. Enter new principal office address, if applicable:	N/A	
(Principal office address <u>MUST BE A STREET ADDRES</u>	<u>s</u>) '	16.5 10.5
		
		·
C. Enter new mailing address, if applicable:	. (/ a	±2
(Mailing address <u>MAY BE A POST OFFICE BOX</u>)	N/A	and a second
	 	
		 (.
	 	
D. If amending the registered agent and/or registered of new registered agent and/or the new registered office		nter the name of the
	e aduress:	
Name of New Registered Agent:	V/A	
New Registered Office Address:	(Flor	ida street address)
		Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if changing Registered land the Appointment as registered agent. I am		e obligations of the position.
	/A	ed Agent, if changing
	Signature of New Register	ed 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	PT John De V Mike Jo SV Sally Sr	<u>ones</u>	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	D	Johnathan Stidham	
Add			Nicholasville, Ky 40356
2) Change Add	4	Ryan Johnson	1205 Topsall CH Panama City, FL
Remove 3) Change Add			37404
Remove			
4) Change Add			
Remove 5) Change			
Add Remove			
6) Change			
Add Remove			
Kelliove		D 2.64	

E. If amending or adding additional Articles, enter change(s) here:
(attach additional sheets, if necessary). (Be specific)
<u> </u>
/

The date of each amendment(s) adoption: $6/15/19$ date this document was signed.	, if other than the
Effective date if applicable: 8/15/19 (no more than 90 days after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be document's effective date on the Department of State's records.	e listed as the
Adoption of Amendment(s) (<u>CHECK ONE</u>)	
The amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s) was/were sufficient for approval.	
There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors.	
Signature (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) This fell learner (Typed or printed name of person signing)	
(Title of person signing)	