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## **COVER LETTER**

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: LOVE, Healing And Prestonation Outreach Himstones Inc.
DOCUMENT NUMBER: N1100008761
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Maleta Jennings (Name of Contact Person)
(Firm/ Company)
1692 Mollow Glen Drive (Address)
Middleburg F.L. 32068 (City/ State and Zip Code)
maletajennings Eyahoo (M) E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Maleta Jennius (Name of Contact Person)  at 904-674-1495 (Area Code) (Daytime Telephone Number)
Enclosed is a check for the following amount made payable to the Florida Department of State:
\$35 Filing Fee Certificate of Status Certified Copy (Additional copy is enclosed)  \$35 Filing Fee Certificate of Status  Certified Copy (Additional Copy is Enclosed)

Mailing Address

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

## Articles of Amendment to Articles of Incorporation

(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: A. If amending name, enter the new name of the corporation: name must be distinguishable and contain the word "corporation" "Company" or "Co." may not be used in the name. B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address: Name of New Registered Agent: (Florida street address) New Registered Office Address: (Zip Code) New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

Signature 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 A_Add	PT John Doe  V Mike Jones SV Sally Smith	,
Type of Action (Check One)	<u>Title</u> <u>Name</u>	<u>Addres</u> s
1) Change Add Remove	<u> </u>	
2) Change Add Remove 3 ) Change Add Remove	- '- A	
4) Change Add Remove		
5) Change Add Remove		
6) Change Add Remove		

(attach additional sheets, i	lditional Articles, enter change(s) here:  necessary). (Be specific)	
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The date of each amendment(s) adoption: 3-23-17 date this document was signed.	, if other than the
Effective date if applicable:	
(no more than 90 days after amendment file	date)
Note: If the date inserted in this block does not meet the applicable statutory filing red document's effective date on the Department of State's records.	quirements, this date will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the members and the number of votes ca was/were sufficient for approval.	st for the amendment(s)
There are no members or members entitled to vote on the amendment(s). The am adopted by the board of directors.	endment(s) was/were
Dated 3.23-17	
Signature  (By the chairman or vice chairman of the board, president or of have not been selected, by an incorporator – if in the hands of	
other court appointed fiduciary by that fiduciary)  Maleta Heron (Typed or printed name of person s	igning)
Treasurer (Title of nerson spenier	