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COVER LETTER

NAME OF CORPORATION: Journey Less Traveled Foundation, Inc N110000 11605 DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: pretta Harris (Name of Contact Person) Journey Less Traveled Foundation, Inc 7497 Tattant Blvd. Windermere, FL 34786 Windermere, FL 34786
(City/State and Zin Code) DRFAITH. HARRIS @ GMAIL . COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Enclosed is a check for the following amount made payable to the Florida Department of State: \$35 Filing Fee □\$43.75 Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is Enclosed)

Mailing Address

TO: Amendment Section

Division of Corporations

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

Articles of Incorporation of

Trucas Loss Trans	eled Foundation, Inc	
(Name of Corporation as curr	ently filed with the Florida Dept. of Sta	
N11 0000 1160	•	_
	mber of Corporation (if known)	
·	•	
Pursuant to the provisions of section 617.1006, Florida Statu amendment(s) to its Articles of Incorporation:	utes, this <i>Florida Not For Profit Corpora</i>	tion adopts the following
A. If amending name, enter the new name of the corpor.	ation:	
Triumphant Liv	in toundation. Inc	• The new
name must be distinguishable and contain the word "corpor	ration" or "incorporated" or the abbrevi	ation "Corp." or "Inc."
"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 ADDRES	N/A	-
	,V/~	
C. Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
	NA	声音 一丁
		180 18 1810 mm
D. If amending the registered agent and/or registered of	ffice address in Florida, enter the name	of the
new registered agent and/or the new registered office	e address:	
Name of New Registered Agent:	NA	· 2

	(Florida street address)	
New Registered Office Address:		
	, F	Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if changing Registere	ed Agent:	
I hereby accept the appointment as registered agent. I am		of the position.
		
	Signature of New Registered Agent, if ch	anging

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		Doe Jones Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change Add Remove	<u>S</u>	Melanie Campbell	1401 Atlantis Da. Apopka, FL 32703
2) Change Add			
Remove 3) Change Add			
Remove 4) Change Add		·	
Remove 5) Change Add			
Remove 6) Change			
Add			

. If amending or adding a (attach additional sheets,	if necessary). (Be:	specific)			
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The date of each amendment(s) adopt	ion:	, if other than the
date this document was signed.		
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this block document's effective date on the Department.	oes not meet the applicable statutory filing requirements, this oment of State's records.	date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were adopte was/were sufficient for approval.	ed by the members and the number of votes cast for the amend	ment(s)
There are no members or members adopted by the board of directors.	entitled to vote on the amendment(s). The amendment(s) was	[/] were
Dated 311	110	
Signature	the state of the s	
have not been so	or vice chairman of the board, president or other officer-if direlected, by an incorporator – if in the hands of a receiver, trustointed fiduciary by that fiduciary)	
	Loretta Harris	
	(Typed or printed name of person signing)	
	President / Chair woman	