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COVER LETTER

TO: Amendment Section Division of Cornorations

Division of Corporations			
NAME OF CORPORATION: JET MINISTRIES, INC.			
DOCUMENT NUMBER: N13000006279			
The enclosed Articles of Amendment and fee are submitted for filing.			
Please return all correspondence concerning this matter to the following:			
JUAN ERNESTO TEJEDA DE LEON			
(Name of Contact Person)			
JET MINISTRIES, INC.			
(Firm/ Company)			
6479 SE 84TH LN			
(Address)			
TRENTON, FLORIDA, 32693			
(City/ State and Zip Code)			
ERNESTOJUAN8@HOTMAIL.COM			
E-mail address: (to be used for future annual report notification)			
For further information concerning this matter, please call:			
JUAN ERNESTO TEJEDA DE LEON at 443			
(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:			
Sas Filing Fee Certificate of Status Certified Copy (Additional copy is enclosed) Certified Copy (Additional Copy is Enclosed) Sas Filing Fee & Sas			
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of Corporations			

P.O. Box 6327 Tallahassee, FL 32314 Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of



JET MINISTRIES, INC.		*. _{?/}
(Name of Corporation as currently filed with the F	lorida Dept. of State)	
N13000006279		
(Document Number of	Corporation (if known)	
Pursuant to the provisions of section 617.1006, Florida Statumendment(s) to its Articles of Incorporation:	utes, this Florida Not For Profit Corporation adopt	s the followi
A. If amending name, enter the new name of the corporate	ation:	
		The ne
name must be distinguishable and contain the word "corport "Company" or "Co." may not be used in the name.	ration" or "incorporated" or the abbreviation "Co	rp." or "Inc.
	6479 SE 84TH LN	
3. Enter new principal office address, if applicable: Principal office address <u>MUST BE A STREET ADDRES</u>	S) TRENTON, FLORIDA 32693	 }
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	6479 SE 84TH LN	
	TRENTON, FLORIDA 32693	}
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		
Name of New Registered Agent:		
	(Florida street address)	
New Registered Office Address:	,	
	, Florida	
(Cit	y) (Zip	Code)
New Registered Agent's Signature, if changing Registered hereby accept the appointment as registered agent. I am	ed Agent: familiar with and accept the obligations of the posit	ion.
Signature of Ne	nv Registered Agent, if changing	

Page 1 of 4

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 <math>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 Mike	n Doe e Jones y Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	SECR	VICTORIA, AYDEE	4400 SW 20TH AVENUE
Add			APT. 4306
X Remove			GAINSVILLE, FL 32607
2) Change	SECR	MARIA FLORES	3315 MORELYN CREST CIR
X Add			ORLANDO, FL 32828
Remove	TREA	MONTAS CARRENO, FELICIA	6479 SE 84TH LN
3) X Change		MONTA OARRENO, I ELIOIA	TRENTON, FLORIDA, 32693
Add Remove 4) Change Add Remove	<u>P</u>	Tejeda De Leon Juan Er	
5) Change Add			
Remove			
6) Change			
Add			
Remove			

E.]	If amending or adding additional Arti attach additional sheets, if necessary).	icles, enter chan (Be specific)	ge(s) here:		
		•			
					
			·		

The date	, if other than the		
	ate this document was signed. Ciffective date if applicable: 11-03-2014		
		(no more than 90 days after amendment file date)	
Ado	option of Amendment(s)	(<u>CHECK ONE</u>)	
	The amendment(s) was/w was/were sufficient for ap	were adopted by the members and the number of votes cast for the amendment(s) opproval.	
	There are no members or adopted by the board of o	members entitled to vote on the amendment(s). The amendment(s) was/were directors.	
	Dated <u>11-</u>	03-2014	
	Signature	Timus S	
	, ,	chalfman or vice chairman of the board, president or other officer-if directors not been selected, by an incorporator – if in the hands of a receiver, trustee, or	
		court appointed fiduciary by that fiduciary)	
	Ju	an Ernesto Tejeda De Leon	
		(Typed or printed name of person signing)	
		Dresident	
	 	(Title of person signing)	