

(Ré	equestor's Name)	_
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(Ci	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bı	isiness Entity Nar	me)
(Dc	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only

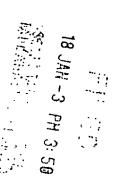


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Amol R. WHITE

JAN 0 3 2018





December 13, 2017

PAUL G. SCHLICHTE ESQ 2134 HOLLYWOOD BLVD HOLLYWOOD, FL 33020

SUBJECT: JC'S RECOVERY HOUSE IN THE LORD MINISTRIES, INC.

Ref. Number: N14000003922

We have received your document for JC'S RECOVERY HOUSE IN THE LORD MINISTRIES, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document you submitted has been prepared pursuant to profit statutes (chapter 607, Florida Statutes). As the entity was originally filed as a nonprofit corporation, this document should be filed pursuant to chapter 617, Florida Statutes.

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Rebekah White Regulatory Specialist II

18 JAN -3 PH 1:58

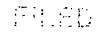
Letter Number: 117A00025222

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: JC'S Recovery House	· In The hard Ministries,
DOCUMENT NUMBER: N1400003922	
The enclosed Articles of Amendment and fee are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
PAU 6. 3chlichte (Name of Contact Person)	
Ay A. Schlichte, JR. P.A. (Firm/Company)	
2134 Hollywood Blvd. (Address)	
Hollywood, 71. 33020 (City/ State and Zip Code)	
Pschlichte eschlichtelau E-mail address: (to be used for future annual report noti	nication)
For further information concerning this matter, please call:	
Paul 6 Schlichte at (Area (Area (54) 923-4604 Code) (Daytime Telephone Number)
Enclosed is a check for the following amount made payable to the Florida Departm	ent of State:
S35 Filing Fee S43.75 Filing Fee & S43.75 Filing Fee & Certificate of Status Certified Copy (Additional copy is enclosed)	3\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is Enclosed)
Mailing Address Street Ad	dress

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



Articles of Amendment to

Articles of Incorporation JAN -3 PM 3: 50

JCS Recovery House I	rently filed with the Florid	Ministrijes, 10c.
N140000039	<i>3</i> 2	
. (Document N	umber of Corporation (if kno	own)
Pursuant to the provisions of section 617.1006, Florida Stamendment(s) to its Articles of Incorporation:	atutes, this Florida Not For	Profit Corporation adopts the following
A. If amending name, enter the new name of the corpo	oration:	
		The new
name must be distinguishable and contain the word "corp "Company" or "Co." may not be used in the name.	poration" or "incorporated"	" or the abbreviation "Corp." or "Inc."
B. Enter new principal office address, if applicable:		
(Principal office address <u>MUST BE A STREET ADDRI</u>	<u>ESS</u>)	
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 off	ice address:	
Name of New Registered Agent:		
	(Flo	orda street address)
New Registered Office Address:		
	103.3	, Florida (Zip Code)
	(City)	(Eq. Com)
New Registered Agent's Signature, if changing Regist I hereby accept the appointment as registered agent. I a	ered Agent: om familiar with and accept	the obligations of the position.
	Signature of New Registo	orad Agent if changing

P = President; V = Vice	President; T= Tr = Chief Financia	al Officer. If an officer/director holds more	Trustee; C = Chairman or Clerk; CEO = Chief than one title, list the first letter of each office
Changes should be note a change, Mike Jones le Mike Jones, V as Remov	raves the corpora	tion, Sally Smith is named the V and S . The.	he PST and Mike Jones is listed as the V. There is se should be noted as John Doe, PT as a Change,
Example: X Change X Remove X Add		Doe 2 Jones 2 Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change Add Remove	D	Ray Rapaglia	1835 Shernan ST. Hollyword 71 33020
2) Change Add			
Remove 3) Change Add			
Remove 4) Change			
Add			
5) Change			
Remove 6) Change			
Add			

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)

____ Remove

E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific)						
(uttach additional sheets, if necessary).	(Be specific)					
						
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The date of each amendment(s) ad	option:	, if other than the
late this document was signed.		
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this blo locument's effective date on the De	ck does not meet the applicable statutory filing requirements, this date wipartment of State's records.	If not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were ac was/were sufficient for approve	lopted by the members and the number of votes cast for the amendment(s) il.)
☐ There are no members or members adopted by the board of directors.	pers entitled to vote on the amendment(s). The amendment(s) was/were ors.	
Dated/ > _/	26/17	
Signature Aeu	a Ban	
have not be	man of vice charman of the board, president or other officer-if directors en selected, by an incorporator – if in the hands of a receiver, trustee, or appointed fiduciary by that fiduciary)	
<u>.</u>	(Typed or printed name of person signing)	
	Prevident (Title of person signing)	