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. (R€	equestor's Name)			
. (Ac	dress)			
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ALLAHASSEE, FLORING

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION	Juanita June Foundati	on, Inc.		
	14000005790			
DOCUMENT NUMBER:				
The enclosed Articles of Amer	adment and fee are subm	itted for filing.		
Please return all correspondence	ce concerning this matter	to the following:		
Jeff L. Poole				
	(Name of Contact Pe	rson)	
Juanita June Foundation, Inc.				
·		(Firm/ Company)	
540 NW University Blvd Suite	e 202			
		(Address)		
Port St Lucie, Florida 34986				
	(City/ State and Zip C	Code)	
hannah.poole@iamhope.churc	h			
E-ır	nail address: (to be used t	or future annual rep	ort notification)
For further information concer	ning this matter, please c	all:		
Hannah G. Poole	•	at	772	7774784
(1)	lame of Contact Person)		(Area Code)	(Daytime Telephone Number)
Enclosed is a check for the foll	owing amount made pay	able to the Florida D	epartment of S	State:
■ \$35 Filing Fee 【	□\$43.75 Filing Fee & □ Certificate of Status	3\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	Certifi Certifi	O Filing Fee cate of Status ed Copy ional Copy is sed)
Mailing Add	iress	Str	eet Address	

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 of

Juanita June Foundation, Inc.				
(Name of Corporation	ı as curren	tly filed with the Florida Dept.	of State)	
N14000005790				
(Docur	ment Numb	er of Corporation (if known)		
Pursuant to the provisions of section 617.1006, Flo amendment(s) to its Articles of Incorporation:	rida Statute	s, this <i>Florida Not For Profit C</i>	Corporation adopts the following	
A. If amending name, enter the new name of the	e corporati	on:		
			The new	
name must be distinguishable and contain the word		tion" or "incorporated" or the o	abbreviation "Corp." or "Inc."	
"Company" or "Co." may not be used in the nam	<u>e</u> .			
B. Enter new principal office address, if applica (Principal office address MUST BE A STREET A				
(1 mespar ogjec adaress <u>mest bibliotikibibi i</u>	, <u>, , , , , , , , , , , , , , , , , , </u>	·		
			t ~ >	
			2016	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	ROX)	PO Box 7475	ARE S	
(Maning dualess MAT DE AT 1051 OFFICE	<u>BOA</u>)	Port St Lucie, Fl 34985	SS 2 F	
		•		
			95 9	
D. If amending the registered agent and/or regi			name of the	
new registered agent and/or the new register	red office a	ddress:	<i>y</i>	
Name of New Registered Agent:	Hannah G	i. Poole		
	540 NW University Blvd Suite 202			
	(Florida street address)			
<u>New Registered Office Address:</u>				
	Port St Lucie		, Florida	
		(City)	(Zip Code)	
New Registered Agent's Signature, if changing I I hereby accept the appointment as registered ager			ations of the position.	
	1	dunan Pala		
· -	Sı	ignature of New Registered Agei	nt, 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 D V Mike Jo SV Sally S	<u>ones</u>	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	VP	Estrella Callwood	1462 SE Merion Court
Add			Port St Lucie, Fl 34952
X Remove			
2) Change	VP	Hannah G. Poole	PO BOX 7475
X Add			Port St Lucie, Fl 34985
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

L. If amending or adding additional Art (attach additional sheets, if necessary).	(Be specific)		
NA .			
<u> </u>	 	.	
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The	e date of each amendment(s) adoption:	, if other than the
date	e this document was signed.	
Effe	ective date <u>if applicable</u> :	
	(no more than 90 days after amendment file date)	
	e: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not ument's effective date on the Department of State's records.	be listed as the
Ada	option 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.	
	Dated 6-21-16	
	Signature Company	
	(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)	
	Jeff L Poole	
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	