

N150000002418

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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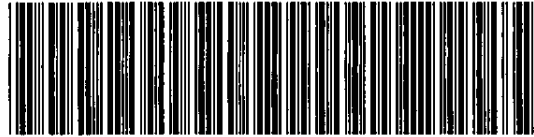
(Business Entity Name)

(Document Number)

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17 APR 27 PM 3:32

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**COVER LETTER**

TO: Amendment Section  
Division of Corporations

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
17 APR 27 PM 3:30

NAME OF CORPORATION: EYE ON THE CHILDREN INC

DOCUMENT NUMBER: N15000002418

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

BERTHONY NUTES / MARIE MAUDE LAJEUNESSE  
(Name of Contact Person)

EYE ON THE CHILDREN ~~LLC~~ INC  
(Firm/ Company)

962 SW PAAR DRIVE  
(Address)

PORT ST LUCIE, FL 34953  
(City/ State and Zip Code)

EYEONTHECHILDREN01@YAHOO.COM  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

BERTHONY NUTES at (305) 300-0077  
(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:

- |  |  |   |   |
|--|--|---|---|
| <input type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certified Copy<br>(Additional copy is<br>enclosed) | <input checked="" type="checkbox"/> \$52.50 Filing Fee<br>Certificate of Status<br>Certified Copy<br>(Additional Copy is<br>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  
of

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATION  
17 APR 27 PM 3:39

(Name of Corporation as currently filed with the Florida Dept. of State)

EYE ON THE CHILDREN INC N 15000002418

(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:

EYE ON THE CHILDREN MINISTRIES INC The new name must be distinguishable and contain the word "corporation" or "incorporated" or the abbreviation "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 ADDRESS)

962 SW PAAR DRIVE  
PORT ST LUCIE  
FLORIDA 34953

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:

BERTHONY DUTES

962 SW PAAR DRIVE

(Florida street address)

New Registered Office Address:

PORT ST LUCIE

(City)

Florida

(Zip Code)

34953

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:

<input checked="" type="checkbox"/> Change	PT	John Doe
<input checked="" type="checkbox"/> Remove	V	Mike Jones
<input checked="" type="checkbox"/> Add	SV	Sally Smith

Type of Action  
(Check One)

Title

Name

Address

- |  |    |                   |  |
|--|----|-------------------|--|
| 1) <input type="checkbox"/> Change<br><input type="checkbox"/> Add<br><input checked="" type="checkbox"/> Remove | BK | TAYSHA Dutes      | 502 SOURIS AVE<br>PSL, FL 34953                    |
| 2) <input type="checkbox"/> Change<br><input checked="" type="checkbox"/> Add<br><input type="checkbox"/> Remove | BK | CAROLE PERRE      | 5683 KUMQUAT RD<br>West Palm Beach<br>FL 33413     |
| 3) <input type="checkbox"/> Change<br><input type="checkbox"/> Add<br><input checked="" type="checkbox"/> Remove | T  | TRAVIS DUNN       | 502 SOURIS AVE<br>PSL, FL 34953                    |
| 4) <input type="checkbox"/> Change<br><input checked="" type="checkbox"/> Add<br><input type="checkbox"/> Remove | I  | ANDERSON LOUIS    | 197 NE 156th AVE<br>NORTH MIAMI<br>FL 33162        |
| 5) <input type="checkbox"/> Change<br><input checked="" type="checkbox"/> Add<br><input type="checkbox"/> Remove | AN | WILGUerre Fremond | 962 SW Pear Dr.<br>Port St Lucie<br>FL 34953       |
| 6) <input type="checkbox"/> Change<br><input type="checkbox"/> Add<br><input checked="" type="checkbox"/> Remove | AN | ENINE JOISSaint   | 1332 SW Hunnicutt Ave<br>Port St Lucie<br>FL 34953 |

E. If amending or adding additional Articles, enter change(s) here:  
(attach additional sheets, if necessary). (Be specific)

By The Subjectation of Certain Members  
in this foundation EYE on the children  
Inc, will be changing to EYE ON the  
Children Ministries Inc. After the  
Voting Favor and we all agree to  
the New Name of the foundation or  
(organization)

The date of each amendment(s) adoption: 04-20-2017, if other than the date this document was signed.

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 requirements, this date will not be listed as the document's effective date on the Department of State's records.

**Adoption of Amendment(s) (CHECK ONE)**

- ☒ 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 04-20-2017

Signature [Handwritten Signature]  
(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)

MARIE MAUDE LA JEUNESSE  
(Typed or printed name of person signing)

President  
(Title of person signing)