N15 000007828

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COVER LETTER

.1 TO: Amendment Section Division of Corporations LETTHE FOUNTAINS OF LIGHT, INC. NAME OF CORPORATION: __ N15000007828 DOCUMENT NUMBER: _ The enclosed Articles of Amendment and fee are submitted for filling. Please return all correspondence concerning this matter to the following: Alexis Marrero (Name of Contact Person) MDO Advisors, Inc. (Firm/ Company) PO Box 1289 (Address) Lutz, Florida 33548 (City/ State and Zip Code) alex@mdo.tax E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: 813.929.7878 Alexis Marrero (Daytime Telephone Number) (Area Code) (Name of Contact Person) Enclosed is a check for the following amount made payable to the Florida Department of State: ■ \$35 Filing Fee □\$43.7\$ Filing Fee & □\$43.75 Filing Fee & \$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status Certified Copy (Additional copy is (Additional Copy is enclosed) Enclosed) Street Address Mailing Address Amendment Section Amendment Section Division of Corporations Division of Corporations The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

P.O. Box 6327

Tallahassee, FL 32314

Articles of Amendment to Articles of Incorporation

Little Fountains of Light, Inc.

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(Name of Corporation as currently filed with the	Florida Dept. of State)
N15000007828	TALLAHASSEL
(Docum	ent Number of Corporation (if known)
Pursuant to the provisions of section 617,1006, Flor amendment(s) to its Articles of Incorporation:	rida Statutes, this Florida Not For Profit Corporation adopts the following
A. If amending name, enter the new name of the	corporation:
	The new
name must be distinguishable and contain the word "Company" or "Co." may not be used in the name	"corporation" or "incorporated" or the abbreviation "Corp." or "Inc."
B. Enter new principal office address, if applical (Principal office address MUST BE A STREET A	
C. Enter new mailing address, if applicable: (Mailing address <u>MAY BE A POST OFFICE I</u>	<u>30X</u>)
D. If amending the registered agent and/or registered agent and/or the new registered	tered office address in Florida, enter the name of the ed office address:
Name of New Registered Agent:	
New Registered Office Address:	(Florida street address)
	, Florida
New Registered Agent's Signature, if changing R I hereby accept the appointment as registered agent	(City) (Zip Code) <u>legistered Agent:</u> . 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.				
	leaves the corpo	ration, Sally Smith is named the V a	listed as the PST and Mike Jones is listed as the V. There is nd S. These should be noted as John Doe, PT as a Change,	
Example: X Change X Remove X Add	<u>V</u> <u>M</u>	hn Doc ike Jones Ily Smith		
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s	
1) Change Add	<u>s</u>	Herminio Sanchez	Orange Park, Florida 3 2005	
X Remove 2) Change Add				
Remove 3) Change Add Remove				
4) Change Add				
Remove 5) Change Add				
Remove				
Add Remove				
E. <u>If amending or ac</u> (attach additional s		Articles, enter change(s) here. (Be specific)		
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***	06/23/2022	
The date of each amendment(s) adopted date this document was signed.		the
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file date)	_
<u>Note:</u> If the date inserted in this block document's effective date on the Department	bes not meet the applicable statutory filing requirements, this date will not be listed as the nent of State's records.	
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
☐ The amendment(s) was/were adopte was/were sufficient for approval.	d by the members and the number of votes east for the amendment(s)	

There are no members or members e adopted by the board of directors.	entitled to vote on the amendment(s). The amendment(s) was/were
06/01/2022	
Dated	- -
Signature	
By the chairman of have not been sel	or vice chairman of the board, president or other officer-if directors ected, by an incorporator – if in the hands of a receiver, trustee, or nted fiduciary by that fiduciary)
Alexis Marrero	O
	(Typed or printed name of person signing)
Vice-	President
	(Title of person signing)

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