MEDODOGAUA

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	= #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



300287509893

07/06/16--01036--011 **43.75

JUL 11 2016 R. Work

COVER LETTER

1

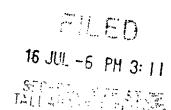
TO: Amendment Section **Division of Corporations**

NAME OF CORPORATION	Jehovah Jireh Provisi	ons Inc.			
DOCUMENT NUMBER:	N15000009246				
The enclosed Articles of Am	nendment and fee are subm	nitted for filing.			
Please return all corresponde	ence concerning this matter	r to the following:			
Jacqueline Leonard					
		(Name of Contact Pe	erson)		-
		(Firm/ Company	')		
2779 Spencer Plantation Bl	vd.				
		(Address)			
Orange Park Florida 32073					
	((City/ State and Zip (Code)	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
Jackieangel 111@aol.com					
E	-mail address: (to be used	for future annual rep	ort notification		_
For further information conc	erning this matter, please of	call:			
Jacqueline Leonard		at	904	238-8480	
	(Name of Contact Person)		(Area Code)	(Daytime Telephone Number)	_
Enclosed is a check for the f	ollowing amount made pay	/able to the Florida I	Department of S	State:	
□ \$35 Filing Fee	■\$43.75 Filing Fee & C Certificate of Status	□\$43.75 Filing Fee of Certified Copy (Additional copy is enclosed)	Certifi Certifi	Filing Fee cate of Status ed Copy ional Copy is sed)	

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



Jehovah Jirch Provisions Inc.

(Name of Corporation as curre	ently filed with the Flor	ida Dept. of State)
N15000009246		
(Document Nun	nber of Corporation (if ki	nown)
Pursuant to the provisions of section 617.1006, Florida Statuamendment(s) to its Articles of Incorporation:	ites, this <i>Florida Not Fo</i>	r Profit Corporation adopts the following
A. If amending name, enter the new name of the corpora	ation:	
Nawthan' Inc		The new
name must be distinguishable and contain the word "corpor" (Company" or "Co." may not be used in the name.	cation" or "incorporated	" or the abbreviation "Corp." or "Inc."
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRES.	<u>(</u>)	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	P. O. Box 440213	
(Maning was ess <u>MANI 22 (11 001 01 11 00 001)</u>	Jacksonville Florida	32222
D. If amending the registered agent and/or registered of new registered agent and/or the new registered office		enter the name of the
Name of New Registered Agent:		
New Registered Office Address:	(Fle	orida street address)
		, Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if changing Registere I hereby accept the appointment as registered agent. I am j		the obligations of the position.
	Signature of New Regist.	ered Avent 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	<u>PT</u> <u>V</u> <u>SV</u>	John Do Mike Jo Sally Sn	<u>nes</u>		
Type of Action (Check One)	<u>Title</u>		Name		Address
1) Change		_		_	
Add				-	
Remove				-	
2) Change		<u>. </u>		_	
Add				_	
Remove				_	
3) Change				_	
Add				_	
Remove				-	
4) Change	<u></u>	_		-	
Add				_	
Remove				-	
5) Change	-	_		_	
Add				_	
Remove					
6) Change	<u> </u>	_		_	
Add				_	
Remove					

E. <u>If amend</u> (attach ad	lditional shee	ets, if necess	sary). (B	e specific)					
Please place EIN # 47-4838998									
 	-		132 31241171						
				_					
			-		_				
					<u> </u>				
<u> </u>									
		<u>_</u>		-					
									·
			,						
			·						
								· ·	
	_ .								
· · · · · · · · · · · · · · · · · · ·				_ 					
	_ 								

	6/28/2016			
The date of each amendment(s) ado late this document was signed.	otion:			, if other than the
6/28/2 Effective date <u>if applicable</u> :	016			·
	(no more than 90 de	ays after amendmen	! file date)	
Note: If the date inserted in this block locument's effective date on the Department.			; requirements, this date will n	not be listed as the
Adoption of Amendment(s)	(CHECK ONE)			
The amendment(s) was/were ado was/were sufficient for approval.	oted by the members and	i the number of vote	s cast for the amendment(s)	
There are no members or membe adopted by the board of directors		amendment(s). The	amendment(s) was/were	
Dated 6/28/2016				
Signature	veli Le	onel		
have not been		ator – if in the hands	or other officer-if directors s of a receiver, trustee, or	
Jacqueline	Leonard			
	(Typed or p	printed name of person	on signing)	
President				
		(Title of person sign	ing)	