N15000011989

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(Cit	ty/State/Zip/Phone	e #)
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COVER LETTER

Division of Corporations
NAME OF CORPORATION: JAES OF CLay Foundation in
DOCUMENT NUMBER: N150000 11989
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Julio Melendez (Name of Contact Person)
(Name of Contact Person)
Jars OF CLAY Foundation inc.
6024 5Th AVE SOUTH (Address)
Saint Peters burg FL, 33707 (City/State and Zip Code)
JULIAN Jazz 007 @ 6 mail. Com. E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Julio melenaez at 727-612-8178
(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:
\$35 Filing Fee \$\bigcup \\$43.75 Filing Fee \& \bigcup \\$43.75 Filing Fee \& \bigcup \\$52.50 Filing Fee \& \bigcup \\$Certificate of Status (Additional copy is enclosed) \$\bigcup \\$52.50 Filing Fee \& \bigcup \\$Certificate of Status (Certified Copy (Additional Copy is Enclosed)
Mailing Address Street Address

Amendment Section
Division of Corporations

TO: Amendment Section

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 the state of Attendance
to Articles of Incorporation
of
JARS OF CLAY ROUNdation inc.
(Name of Corporation as currently filed with the Florida Dept. of State)
N 15 0000 11989
(Document Number of Corporation (if known)
Pursuant to the provisions of section 617.1006, Florida Statutes, this <i>Florida Not For Profit Corporation</i> adopts the following amendment(s) to its Articles of Incorporation:
A. If amending name, enter the new name of the corporation:
Self REFLECTION MINISTRIES INCTION DEW
name must be distinguishable and contain the word "corporation" Of "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) 6024 5 Th Ave South 5T peters byrg FL, 33707
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: Same agent 5 Same address
same address
(Florida street address) New Registered Office Address:
, Florida
(City) (Zip Code)
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

Page 1 of 4

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 Doe Mike Jones Sally Smith	
Type of Action (Check One)	Title	Name	Address
1) Change		<u> </u>	
Add			
Remove			
2) Change		· · · · · · · · · · · · · · · · · · ·	
Add			
Remove			
3) Change		**************************************	
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			And the shade the shade of the Control of the Control of the shade of
Remove			

	or adding addition onal sheets, if neces					
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The date of each amendment(s) adoption:	, if other than the
Effective date if applicable: 1-9-2016 (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 document's effective date on the Department of State's records.	not be listed as the
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 1-9-2016	
Signature www.	
(By the chairman or vice chairman of the board, president of 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)	
Julio Melennez	
(Typed or printed name of person signing)	
PRESIDENT a PPOINTEL.	
(Title of person signing)	