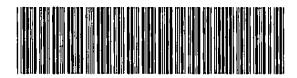
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JUL 19 2017

### **COVER LETTER**

TO: Amendment Section Division of Corporations		
NAME OF CORPORATION: HARVEST HOUSE CHRISTIAN JELLOWSHID	$M_{\alpha}$	1.15/TIES INC
DOCUMENT NUMBER: N1600000185		
The enclosed Articles of Amendment and fee are submitted for filing.		
Please return all correspondence concerning this matter to the following:		
Delma Andrews Powley (Name of Contact Person)		
(Name of Contact Person)		
(Firm/ Company)		_
1706 MARVY Ano		_
1 Ampa fla 33612 (City/ State and Zip Code)		
Delmaky@ Vartoo. Com  E-mail address: (to be used for future annual report notification)	75 70	
For further information concerning this matter, please call:		7.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00
Delma Andrews-Powley at 813 731-5479  (Name of Contact Person) (Area Code) (Daytime Telephone Num	ເສ ເອ mber)	62 65 -57
Enclosed is a check for the following amount made payable to the Florida Department of State:		
\$35 Filing Fee		

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

FLARVEST HOUSE CHAISTIAN (Name of Corporation as current	15(1 m	SHIP	Dent of Sta	TAICS I	NC	_
				<u>ite</u> /		
N 1 6 00000 (Document Number	0/85					_
(Document Number	er of Corporat	ion (it kno	wn)			
Pursuant to the provisions of section 617,1006, Florida Statute amendment(s) to its Articles of Incorporation:	s, this <i>Florida</i>	i Not For l	Profit Corpora	ation adopts the	: followin	ıg
A. If amending name, enter the new name of the corporati	on:					
HARVEST HOUSE CHRISTIAN JEC name must be distinguishable and contain the word "corporate	1 owsHIF	OCL.	G. INC	2,	The ne	w
name must be distinguishable and contain the word "corporat	ion" or "inco	rporated"	or the abbrev	iation "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	)					
		_	_			ラ ご、
		_	<del></del>		<del></del> _	<u>-</u> :
C. Enter new mailing address, if applicable:					<u> </u>	
(Mailing address MAY BE A POST OFFICE BOX)						- :::
					1	· • • •
	-	<u> </u>				- i
					<u> </u>	→ : <u>-</u>
D. If amending the registered agent and/or registered offi	ce address in	Florida, e	nter the name	e of the	5	
new registered agent and/or the new registered office a	iddress:					; <i>,</i> ,
M. CM - D. wissened to not						
Name of New Registered Agent:	<del>-</del> -		<del>-</del> .			_
		(Flor	rida street addres.			_
New Registered Office Address:		(110)	ing sireer address	<i>2</i> /		
				Florida		
<del></del>	(City)	<u></u>	<del></del>	(Zip Code)		_
	•			. ,		
New Registered Agent's Signature, if changing Registered I hereby accept the appointment as registered agent. I am fa	Agent: miliar with an	nd accept to	he obligations	of the position	١.	
	Signature of N	ew Registe	red Agent, if c	hanging		_

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 John S           SV         Sally S	<u>ones</u>	
Type of Action (Check One)	<u>Title</u>	Name	Address
Change Add Remove			
2) Change Add Remove			
3 ) Change Add Remove			
4) Change Add Remove			
5) Change Add			
Remove 6) Change Add Remove			

E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific)
ARTICLE IX-INDEMNIFICATION  THE BUAND OF DIRECTORS SHALL BE INDEMNIFIED BY THIS CORPORATION TO the  FULLEST EXTENT of the LAW.
THE BUAND OF DIRECTORS SHALL BE
INDEMNIFIED BY this CORPORATION TO the
fullest extent of the LAW.

The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
Effective date if applicable:	
(no more than 90 days after amendment file date,	)
<b>Note:</b> If the date inserted in this block does not meet the applicable statutory filing requirend document's effective date on the Department of State's records.	nents, this date will not be listed as the
Adoption of Amendment(s) ( <u>CHECK ONE</u> )	
☐ The amendment(s) was/were adopted by the members and the number of votes cast for was/were sufficient for approval.	the amendment(s)
There are no members or members entitled to vote on the amendment(s). The amendment adopted by the board of directors.	ent(s) was/were
Dated 4-28-2017	
Signature Delra ALP.	<del></del>
(By the chairman or vice chairman of the board, president or other of have not been selected, by an incorporator – if in the hands of a recontent court appointed fiduciary by that fiduciary)	fficer-if directors eiver, trustee, or
Delma ANDREWS-POWLEY (Typed or printed name of person signing	g)
PRESIDENT	