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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: St. John Leonard	i Foundation for Medication Assistance Inc.
DOCUMENT NUMBER: N16000004320	
The enclosed Articles of Amendment and fee are	submitted for filing.
Please return all correspondence concerning this	matter to the following:
	Dustin Thomas
	(Name of Contact Person)
St. John Leon	ardi Foundation for Medication Assistance Inc.
	(Firm/ Company)
	1911 abbey ridge drive
	(Address)
	Dover, FI, 33527
	(City/ State and Zip Code)
	dustthom@gmail.com
E-mail address: (to be	used for future annual report notification)
For further information concerning this matter, pl	ease call:
Dustin Tho	mas at 224-600-6560
(Name of Contact Pe	
Enclosed is a check for the following amount made	le payable to the Florida Department of State:
\$35 Filing Fee	e & 🗆\$43.75 Filing Fee & U\$52.50 Filing Fee tus Certified Copy Certificate of Status (Additional copy is enclosed) (Additional Copy is 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

(Name of Corporation as current	ny meu with the Florida De	pt. of State)
N	16000004320	
(Document Number	er of Corporation (if known)	
rsuant to the provisions of section 617.1006, Florida Statutes tendment(s) to its Articles of Incorporation:	s, this <i>Florida Not For Profi</i>	t Corporation adopts the following
If amending name, enter the new name of the corporation	on:	·
		The new
me must be distinguishable and contain the word "corporate Company" or "Co." may not be used in the name.	- -	
Enter new principal office address, if applicable: rincipal office address MUST BE A STREET ADDRESS)	1911 Abbey ridge drive, Dover,	FI, 33527
Incipui office unuress <u>MOST BE A STREET ADDRESS</u>)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	PO Box 45121, Tampa, FI, 336	14.55E
		مار المنظم ا المنظم المنظم
		92
		- Trivi
If amending the registered agent and/or registered office new registered agent and/or the new registered office ad		the name of the
Name of New Registered Agent: Dustin Tho	mas	
1911 abbey	ridge drive	
New Registered Office Address:	(Florida str	eet address)
Dover	(City)	, Florida 33527 (Zip Code)
	(City)	(Zip Code)
w Registered Agent's Signature, if changing Registered A		igations of the position.

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 Do Y Mike Jo SV Sally Si	ones	
Type of Action (Check One)	<u>Title</u>	Name	Address
1) Change Add	Р	Stephen Thomas	12817 NW 20th St Pembroke Pines, FI, 33028
Remove			
2) Change	<u>P</u>	Dustin Thomas	1911 abbey ridge drive
Add		\$	Dover, Fl, 33527
Remove			
3) Change			
Add			* * * * * * * * * * * * * * * * * * * *
Remove			
4) Change			
Add			
Remove			
5) Change	····		
Add			
Remove			
(f) Change			
Add	7		
Remove			
ROUNDYC			

If amending or adding addition (attach additional sheets, if neces	ssary). (Be specifi	ic)		
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	W. W. C	· · · · · · · · · · · · · · · · · · ·		
		· · · · · · · · · · · · · · · · · · ·		

The date of each amendmen		, if other than the
date this document was signed		
Effective date <u>if applicable</u> :	03/16/2017	
,	(no more than 90 days after amendment file date)	
	is block does not meet the applicable statutory filing requirements, this he Department of State's records.	s date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/v was/were sufficient for a	ere adopted by the members and the number of votes cast for the amer proval.	ndment(s)
There are no members or adopted by the board of	members entitled to vote on the amendment(s). The amendment(s) walirectors.	is/were
Dated <u>03/16</u>	2017	
Signature	Steph M. home	
have	chairman or vice chairman of the board, president or other officer-if dot been selected, by an incorporator — if in the hands of a receiver, trust court appointed fiduciary by that fiduciary)	
	Steples M. Thomas (Typed or printed name of person signing)	
	(Typed of printed fiame of person signing)	
-	President	
	(Title of person signing)	