N16000009880

(R	equestor's Name)	
(A	ddress)	
(A	ddress)	
(C	ity/State/Zip/Phone #)	
PICK-UP	☐ WAIT	MAIL
(B	dusiness Entity Name)	
(C	Ocument Number)	
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SECHETARY OF STATE

TALLAHASSEE; FLORIDA

OCT 1 8 2017 S. YOUNG

COVER LETTER

TO: Amendment Section Division of Corporations
NAME OF CORPORATION: Jehovah Ultimate God Foundation, Inc
DOCUMENT NUMBER: N1600000 9880
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Levon Johnson (Name of Contact Person)
Jehovah Ultimate God Foundation, Inc (Firm/Company)
1490 North West 3rd Ave Suite. 105
Miamr, Florida 33136 (City/ State and Zip Code)
Howffre grain com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Howard Ffrench at 409 435 7243 (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:
S35 Filing Fee S43.75 Filing Fee Fee Fee Fee Fee Fee Fee Fee Fee Fe
Mailing Address Street Address

Amendment Section Division of Corporations 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
Articles of Incorporation
of

Jehovah Ultimate	500 F	oundat	ion, Inc			
(Name of Corporation as c	urrently filed w	ith the Florida	Dept. of State)			
Jehovah Ultimate (Name of Corporation as C N/6000009880						
		oration (if know				
Pursuant to the provisions of section 617.1006, Florida Samendment(s) to its Articles of Incorporation:	Statutes, this <i>Fla</i>	orida Not For Pr	ofit Corporation add	opts the fol	lowing	
A. If amending name, enter the new name of the corp	poration:					
		tion I		TI	h	
ultimate Kids F name must be distinguishable and contain the word "con "Company" or "Co." may not be used in the name.	rporation" or "	incorporated" or	the abbreviation "C	Corp." or	ie new "Inc."	
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDR	YESS)					
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)				TALLAHASSE	1,7 oct 17	7
D. If amending the registered agent and/or registered new registered agent and/or the new registered of	d office address Tice address:	in Florida, ente	er the name of the	STEED REAL	PK 4: 38	E
Name of New Registered Agent:						
New Registered Office Address:		(Florida	street address)			
			Florida _			
	(City)		(Zip Co	ode)		
New Registered Agent's Signature, if changing Regist I hereby accept the appointment as registered agent. I describe the appointment of the second sec		and accept the o	obligations of the po	sition.		
	Signature o	f 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.

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)	<u>Title</u>	<u>Name</u>	Address
1) 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 Art (attach udditional sheets, if necessary).	(Be specific)
•	
	
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The date of each amendment(s) adoption:		, if other than the	
	ective date if applicable:		
	(no more than 90 days after amendment file date)		
	te: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be ument's effective date on the Department of State's records.	e listed as the	
Ado	option of Amendment(s) (<u>CHECK ONE</u>)		
	The amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s) was/were sufficient for approval.		
ÇS.	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 10/06/2017.		
	Signature Leven Whose		
	(By the chairman or vice chairman of the board, president or 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)		
	Levan Johnson		
	(Typed or printed name of person signing)		
	President (Chairman (Title of person signing)		
	(Title of person signing)		