

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

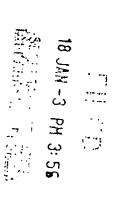
Office Use Only



500305784185

11/20/17--01031--020 **43.75

R. WHITE JAN 0 3 2018



COVER LETTER

TO: Amendment Section Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

NAME OF CORPOR	ATION: Jamila Johnson The	ree Journeys Foundation			
DOCUMENT NUMB	N1.7000000052	= -			
The enclosed Articles of	of Amendment and fee are sul	bmitted for filing.			
Please return all corres	pondence concerning this mat	ter to the following:			
	Frankie Walls				
•		Name of Contact Person	1		
-		Firm/ Company			
	PO BOX 190342				
-	Address				
	Lauderhill, FL 33319				
•		City/ State and Zip Code			
For further information	E-mail address: (to be us	ed for future annual report	notification)		
Frankie Walls	, concerning that manner, pread		533-5661		
	of Contact Person	at ()de & Daytime Telephone Number		
	the following amount made p		·		
□ \$35 Filing Fee	☐S43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)		
Mailing Address Amendment Section Division of Corporations		Street Address Amendment Section Division of Corporations			

Clifton Building

2661 Executive Center Circle Tallahassec, FL 32301



November 21, 2017

FRANKIE WALLS PO BOX 190342 LAUDERHILL, FL 33319

SUBJECT: JAMILA JOHNSON THREE JOURNEYS FOUNDATION, INC.

Ref. Number: N1700000052

We have received your document for JAMILA JOHNSON THREE JOURNEYS FOUNDATION, INC. and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document you submitted has been prepared pursuant to profit statutes (chapter 607, Florida Statutes). As the entity was originally filed as a nonprofit corporation, this document should be filed pursuant to chapter 617, Florida Statutes.

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

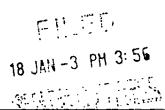
If you have any questions concerning the filing of your document, please call (850) 245-6050.

Rebekah White Regulatory Specialist II



Letter Number: 617A00023607

Articles of Amendment to Articles of Incorporation of



Jamila Johnson Three JourneysFoundation

(Name of Corporation as	currently filed with the Flor	rida Dept. of State)
N17000000052		
(Documen	t Number of Corporation (if k	nown)
Pursuant to the provisions of section 617.1006, Florida amendment(s) to its Articles of Incorporation:	a Statutes, this Florida Not Fe	or Profit Corporation adopts the following
A. If amending name, enter the new name of the co	prporation:	
Jamila Johnson Foundation Inc.		The new
name must be distinguishable and contain the word "c "Company" or "Co." may not be used in the name.	corporation" or "incorporate	
B. Enter new principal office address, if applicable (Principal office address MUST BE A STREET ADD		
C. Enter new mailing address, if applicable: (Mailing address <u>MAY BE A POST OFFICE BO</u>	<u></u>	
D. If amending the registered agent and/or register new registered agent and/or the new registered		, enter the name of the
Name of New Registered Agent:		
	t F	lorida street address)
		, Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if changing Reg I hereby accept the appointment as registered agent.		the obligations of the position.
	Signature of New Regis	tered 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: XChange X Remove X Add		Doe Jones Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	D	WRIGHT, MARCIA M	5437 QUEENSHIP COURT
Add			GREENACRES, FL 33463
X Remove			
2) Change	D	SINCLAIR-MASON, MICHELLE C	1481 FALCONCREST BLVD
Add			APOPKA, FL 32712
X Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

attach additional she	rets, if necessary)	. (Be specifi	r)				
						*	
							
	<u> </u>						
		"					
							
·							
						_	
						_	
							
						···	<u>.</u>
							
							
							

	SEPTEMBER 20, 2017	
The date of each amendment(s) adoption late this document was signed.	3n:	, if other than the
•	R 20, 2017	
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this block do locument's effective date on the Departm	oes not meet the applicable statutory filing requirements, this date will no nent of State's records.	t be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were adopted was/were sufficient for approval.	d by the members and the number of votes east for the amendment(s)	
There are no members or members e adopted by the board of directors.	entitled to vote on the amendment(s). The amendment(s) was/were	
Dated NOVEMBER 1.	2017	
Signature	cer Drown	
have not been sel	or vice chairman of the board, president or other officer-if directors lected, by an incorporator – if in the hands of a receiver, trustee, or inted tiduciary by that fiduciary)	
STACEY BRO	OWN	
	(Typed or printed name of person signing)	
PRESIDENT		
	(Title of person signing)	