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SECRETARY OF STATE

C. GOLDEN MAY 1 0 2018

## **COVER LETTER**

TO: Amendment Section
Division of Corporations

Tallahassee, FL 32314

FLORIDA JUSTICI NAME OF CORPORATION:	E FOR OUR NEIGH	HBORS, INC.	
N17000007500 DOCUMENT NUMBER:			
The enclosed Articles of Amendment and fee are sub-	mitted for filing.		
Please return all correspondence concerning this matte	er to the following:		
JANET HORMAN			
	(Name of Contact	Person)	
FLORIDA JUSTICE FOR OUR NEIGHBORS, INC			
	(Firm/ Compar	ny)	
PO BOX 160538			
	(Address)		
MIAMI, FL 33116		,	
	(City/ State and Zip	Code)	
JHORMAN@FLUMC.ORG			
E-mail address: (to be used	for future annual re	eport notification	)
For further information concerning this matter, please	call:		
JANET HORMAN	а	786 at	553-8265
(Name of Contact Person		(Area Code)	(Daytime Telephone Number)
Enclosed is a check for the following amount made pa	yable to the Florida	Department of	State:
\$35 Filing Fee \$\times \text{Certificate of Status}\$	□\$43.75 Filing Fee Certified Copy (Additional copy enclosed)	Certifi is Certifi	O Filing Fee icate of Status led Copy cional Copy is sed)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327	A D	treet Address mendment Secti vivision of Corpo lifton Building	

2661 Executive Center Circle Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of

FILED

FLORIDA JUSTICE FOR OUR NEIGHBORS, INC.

2018 MAY -7 PM 4: 52

(Name of Corporation as currently filed with the Florida Dept. of State) ECRETARY OF STATE TALLAHASSEE. FLORIDA N17000007500 (Document Number of Corporation (if known) Pursuant to the provisions of section 617.1006, Florida Statutes, this Florida Not For Profit Corporation adopts the following amendment(s) to its Articles of Incorporation: A. If amending name, enter the new name of the corporation: N/A name must be distinguishable and contain the word "corporation" or "incorporated" or the abbreviation "Corp." or "Inc." "Company" or "Co." may not be used in the name. N/A B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) C. Enter new mailing address, if applicable: N/A (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: (Florida street address) New Registered Office Address: N/A Florida (Zip Code) (City) 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

## 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 <math>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 Do Mike Jo Sally Sn	<u>nes</u>	
Type of Action (Check One)	<u>Title</u>		Name	<u>Addres</u> s
1) Change		_		
Add				
Remove				
2) Change		_		
Add				
Remove				
3 ) Change		_		
Add				
Remove				
4) Change		_		
Add			····	
Remove				
5) Change				
Add	-	_		
Remove				
Δ QI				
6) Change		<u></u> ,		
Add				
Remove				

E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific)
ARTICLE III
FLORIDA JUSTICE FOR OUR NEIGHBORS IS A MINISTRY OF THE FLORIDA CONFERENCE OF THE UNITED
METHODIST CHURCH AND PROVIDES IMMIGRATION LEGAL SERVICES TO LOW INCOME IMMIGRANTS,
AND EDUCATION AND ADVOCACY TO CHURCHES AND COMMUNITY, FLORIDA JUSTICE FOR OUR
NEIGHBORS IS ORGANIZED EXCLUSIVELY FOR CHARITABLE, RELIGIOUS, EDUCATIONAL, OR SCIENTIFIC
PURPOSES, INCLUDING, FOR SUCH PURPOSES, THE MAKING OF DISTRIBUTIONS TO ORGANIZATIONS
THAT QUALIFY AS EXEMPT ORGANIZATIONS UNDER SECTION 501(c)(3) OF THE INTERNAL REVENUE
CODE, OR THE CORRESPONDING SECTION OF ANY FUTURE FEDERAL TAX CODE.
ANY AMENDMENTS TO THE FOLLOWING PROVISIONS SHALL REQUIRE THE APPROVAL OF THE FLORIDA
CONFERENCE OF THE UNITED METHODIST CHURCH:
ARTICLE III

. • •	•	3/19/2018	
	e date of each amendment(s) a e this document was signed.	doption:	, if other than the
Effe	ective date <u>if applicable</u> :		
		(no more than 90 days after amendment file date)	
Not doc	e: If the date inserted in this blument's effective date on the D	ock does not meet the applicable statutory filing requirements, this partment of State's records.	date will not be listed as the
Adoption of Amendment(s)		( <u>CHECK ONE</u> )	
	The amendment(s) was/were a was/were sufficient for approv	dopted by the members and the number of votes cast for the amendal.	iment(s)
	There are no members or mem adopted by the board of direct	bers entitled to vote on the amendment(s). The amendment(s) was ors.	i/were
	Dated 3/19/2018	/ :	
	Signature	lu	
	have not be	rman or vice chairman of the board, president or other officer-if di en selected, by an incorporator – if in the hands of a receiver, trust appointed fiduciary by that fiduciary)	rectors tee, or
	HEIDI	ASPINWALL	
		(Typed or printed name of person signing)	
	TREAS	URER	
	<del></del>	(Title of person signing)	<del></del>