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COVER LETTER

TO: Amendment Section Division of Corporations
NAME OF CORPORATION: JFJ Equestrian Corporatio
DOCUMENT NUMBER: N 1800000045
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following: Term Divides Fad (Name of Contact Person)
Heaven Sent Service Dogs, Inc
937 Cedar Avenue
Inverness F1 34452
Newensents 21@ amail, com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Jenna Undestad at 352-397-5070 (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:
\$35 Filing Fee \$\Bigcup \\$43.75 Filing Fee \& Certified Copy (Additional copy is enclosed) \$\Bigcup \\$52.50 Filing Fee \& Certified Copy (Additional Copy is Enclosed)
Mailing Address Amendment Section Amendment Section

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

(Name of Corporation as currently filed with the Florida Dept. of State)
JFJ EQUESTRIAN COVDOCATION (Document Number of Corporation (if known)
Pursuant to the provisions of section 617.1006, Florida Statutes, this <i>Florida Not For Profit Corporation</i> adopts the following amendment(s) to its Articles of Incorporation:
A. If amending name, enter the new name of the corporation: Heaven Service Dog To The new 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.
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) (Principal office address MUST BE A STREET ADDRESS)
Thverness, FI 34452
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) Thurstoness, F1 34452
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: Jenna Udestad 937 Cedar Avenue (Florida street address)
New Registered Office Address: Toverness Florida 34452 (City) (Zip Code)
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
Signalar of the hoganic our igenity 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	PT John D V Mike J SV Sally S	ones	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	3759 NE 16th Ave
1) Change Add	Board	Jessica Flammia	. <u>Cape Coral, FI</u> 33909
Remove 2) Change Add	Bourd	Linch Costanzo	6225 Westport Drive Port Richey, EL 34668
Remove Change Add	Sec, Tre	Jenna Undesta	
Remove 4) Change Add	Board	Terry Undestad	Spring Hills FT 311609
Remove 5) Charge			
Remove 6) Change			
Remove E. If amending or add (attach additional sh		ticles, enter change(s) here: (Be specific)	
		JA.	

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The date of each amendment(s) adoption:	12-1-2024		, if other than the
data this document was signed			
Effective date if applicable:	12-1-2024		
(no	more than 90 days after amendment fil	e date)	
Note: If the date inverted in this block does n	or meet the applicable statutory filing to	equirements, this date will no	t be listed as the

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Adoption of Amendment(s)

(CHECK ONE)

The amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s) was/were sufficient for approval.

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 12-27-2024 Signature 12-27-2024
(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)
Cerald Power (Typed or printed name of person signing)
President
(Title of person signing)