NIS OCOOO 2445

(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT M	AIL
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status _	
Special Instructions to Filing Officer:	
(62/24	





400381151984

1. The second of the second of

2022 FEB 18 PM 12: 30
SECRETARY OF STATE
TALLAHASSEE, FI

COVER LETTER

TO: Amendment Section Division of Corporations

THE LIFE HOUNAME OF CORPORATION:	JSE DEVELOPMENT CORI)	
N18000002445 DOCUMENT NUMBER:			
DOCUMENT NUMBER:			
The enclosed Articles of Amendment and fee are	submitted for filing.		
Please return all correspondence concerning this	matter to the following:		
LORETTA EPSEN			
	(Name of Contact Perso	on)	
	(Firm/ Company)	-	
2630 W BROWARD BLVD SUITE 203-1701			
	(Address)		
FORT LAUDERDALE, FL 33312			
	(City/ State and Zip Coo	le)	
LIFEHOUSE777@YAHOO.COM			
E-mail address: (to be	used for future annual report	notification	1)
For further information concerning this matter, p	lease call:		
CASSANDRA RHODES	95 at	4	614-4358
(Name of Contact Po		rea Code)	(Daytime Telephone Number)
Enclosed is a check for the following amount ma	de payable to the Florida Dep	partment of	State:
☐ \$35 Filing Fee ☐ \$43.75 Filing Fee Certificate of Sta	Certified Copy (Additional copy is enclosed)	Certif Certif) Filing Fee icate of Status ied Copy tional Copy is osed)
Mailing Address		Address	ion

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 Articles of Incorporation of

FILED

2022 FEB 18 PM 12: 30 THE LIFE HOUSE DEVELOPMENT CORP

	1 D	Cronsmi
(Name of Corporation as currently filed with the Florid	da Dept. of State)	SECRETARY OF STAT TALLAHASSEE, FL
N18000002445		
(Document Nu	umber of Corporation (if know	vn)
Pursuant to the provisions of section 617,1006, Florida Sta amendment(s) to its Articles of Incorporation:	atutes, this <i>Florida Not For I</i>	Profit Corporation adopts the following
A. If amending name, enter the new name of the corpo	oration:	
NOT APPLICABLE		The new
name must be distinguishable and contain the word "corp "Company" or "Co," may not be used in the name.	ooration" or "incorporated"	
B. Enter new principal office address, if applicable:	9829 ARBOR OAKS L	N
(Principal office address MUST BE A STREET ADDRESS) APT 102		
	BOCA RATON, FL 334	28
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	NOT APPLICABLE	
D. If amending the registered agent and/or registered	office address in Florida, et	ster the name of the
new registered agent and/or the new registered offi		net the name of the
Name of New Registered Agent: NOT	APPLICABLE	
	(Flori	da street address)
New Registered Office Address:		
		, Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if changing Registe	red Agant:	
I hereby accept the appointment as registered agent. I an		e 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 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 V Mik	n Doe te Jones y Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change Add			
Remove			
2) Change Add			
Remove 3) Remove Add Remove			
4) Change Add			
Remove			
5) Change Add			
Remove			
6) Change Add			
Remove			
E. If amending or addin (attach additional shee		Articles, enter change(s) here: y). (Be specific)	
NOT APPLICABLE			
		(t. 2 	·

		
		
		
		
The date of each amendment(s) adopt date this document was signed.	otion:	_, if other than the
Effective date if applicable:		<u></u>
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this block document's effective date on the Depart	does not meet the applicable statutory filing requirements, this date will not bettment of State's records.	e listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were adopt was/were sufficient for approval.	oted by the members and the number of votes cast for the amendment(s)	

	mbers or members entitled to vote on the amendment(s). The amendment(s) was/were pourd of directors.
Dated Signatu	(Bythe chairman or vice chairman of the hoard, 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)
	LORETTA EPSEN
	(Typed or printed name of person signing)
	PRESIDENT
	(Title of person signing)