N19000000294

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: LIFE	CHANGINI	G STEPS MINISTRIES, IN
DOCUMENT NUMBER: <u>N 1900</u>	0000294	
The enclosed Articles of Amendment and fee are	submitted for filing.	
Please return all correspondence concerning this	matter to the following:	
HARRY	RICHARA (Name of Contact Person	n)
NOT AP	DliCable (Firm/ Company)	
<u>4615 Cason</u>	COVE Drive (Address)	Apt. 822
oslando,	FL 328 (City/ State and Zip Code	11
HARRY - Richard E-mail address: (to be	15003 (a) C M (used for future annual report	ack. Our
For further information concerning this matter, pl 224-24-503 (Name of Contact Pe		21 284 - 5037 ea Code) (Daytime Telephone Number)
Enclosed is a check for the following amount made	de payable to the Florida Depa	artment of State:
\$35 Filing Fee \$43.75 Filing Fee Certificate of Sta	& □\$43,75 Filing Fee & tus Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is Enclosed)
Mailing Address		Address

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

1 JFF CHANGING	STEPS M	inistries	S. INC.
(Name of Corporation as currently filed with the Flor			
N19000000 29	4	,-,	****
(Document N	lumber of Corporation	on (if known)	
Pursuant to the provisions of section 617.1006, Florida S amendment(s) to its Articles of Incorporation:	tatutes, this <i>Florida</i>	Not For Profit Co.	rporation adopts the following
A. If amending name, enter the new name of the corp	poration:		
	<u>. </u>		The new
name must be distinguishable and contain the word "cor "Company" or "Co," may not be used in the name.	poration" or "incor	porated" or the ab	breviation "Corp." or "Inc."
B. Enter new principal office address, if applicable:			
(Principal office address MUST BE A STREET ADDR.	ESS)		
			
C. Enter new mailing address, if applicable:			ا يسري سرد سياري
(Mailing address MAY BE A POST OFFICE BOX)			N T
	-		<u></u>
D. If amending the registered agent and/or registered	l office address in F	lorida, enter the n	name of the
new registered agent and/or the new registered of			
Name of New Registered Agent:			
Nume of New Registered rigeri.			
	· · · · · · · · · · · · · · · · · · ·	(Florida street ad	ldress)
New Registered Office Address:		(From the bridge)	
			Florida
	(City)		(Zip Code)
			•
New Registered Agent's Signature, if changing Regist I hereby accept the appointment as registered agent. I a	tered Agent: im familiar with and	accept the obligati	ions of the position.
The copy accept the appointment as regimered agent. The		and the same same	
	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 Doc, PT as a Change, Mike Jones. V as Remove, and Sally Smith, SV as an Add.

Example: X Change X Remove		Jones	
X Add Type of Action (Check One)	SV Sally Title	<u>Smith</u> <u>Name</u>	<u>Addres</u> s
1) Change Add *_	<u>S</u>	Stephanie Bichard Joseph	4615 (a Sov. Cove Or.
Remove 2) Change Add	S	Stephanie Joseph	(9, Pando, FL 3281) 4615 Cason COVE.D. Apt. 822
Remove 3) Remove Add Remove			<u>Oilando, FL 32811</u>
4) Change Add			
Remove			
5) Change Add			
Remove			
6) Change Add			
Remove			
E. If amending or add (attach additional sh	ling additional A neets, if necessary	Articles, enter change(s) here: (Be specific)	

<u> </u>				
				- n- n
	<u></u>	_ <u></u>		

				· · · · · ·
		·		
		· · · · · · · · · · · · · · · · · · ·		<u>. </u>
The date of each amendment(s) adoption:			, if other than the
date this document was signed.				
Effective date if applicables	01-0	1-20	19	
Effective date <u>if applicable</u> :	(no more tha	ın 90 days after amend	ment file date)	
Note: If the date inserted in thi	s block does not meet th	he applicable statutory	filing requirements, this	s 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 <u>06-24-3020</u>
Signature
(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)
HARRY Richard
(Typed or printed name of person signing)
CEO
(Title of person signing)