N19000006619

| (Re | questor's Name) | |
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| PICK-UP | ☐ WAIT | MAIL |
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| Certified Copies | _ Certificates | of Status |
| Special Instructions to | Filing Officer: | |
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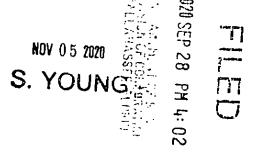
Office Use Only



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4330 NW 44TH AVE LAUDERDALE LAKES, FL 33319 Ph: 954-200-0225

August 28th, 2020

Florida Department of State Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Dear FL Dept. of State,

Joy Maria Patricia Russell Lung Cancer Society is a non-profit organization dedicated to help alleviate financial stress on many patients in hospital care that must receive the necessary medications to prolong their life on the path to recover from lung cancer.

We would like to immediately change our name to Joy of Life Lung Cancer Society (Joy of Life LCS) to focus more on the celebration of life and joy as we help, support, and make a difference in so many lives in the fight against lung cancer.

If you have any questions, or concerns, please contact us at 954-200-0225. Thank you.

Best Regards,

Rhys A. Gardner

President

Enclosures (2)

Articles of Amendment

Bank Check (filing fee)

JOY OF LIFE LCS PH: 954-200-0225 EMAIL: LCS.JMPR@GMAIL.COM

COVER LETTER

TO: Amendment Section Division of Corporations

| NAME OF CORPORATI | | CER SOCIETY, INC | | | |
|------------------------------|---|--|------------------|---|---|
| | N19000006619 | | | | |
| DOCUMENT NUMBER: | | · · · · · · · · · · · · · · · · · · · | | · · · · · · · · · · · · · · · · · · · | |
| The enclosed Articles of Art | nendment and fee are sub | mitted for filing. | | | |
| Please return all correspond | ence concerning this matt | er to the following: | | | |
| RHYS GARDNER | | | | | |
| | | (Name of Contact Pers | on) | | |
| | | | | | |
| | | (Firm/ Company) | | | |
| 4330 NW 44TH AVE | | • | | | |
| | | (Address) | | | |
| LAUDERDALE LAKES, I | FL 33319 | | | | |
| | <u> </u> | (City/ State and Zip Co | de) | · | |
| rhysgardner@gmail.com | | | | | |
| | -mail address: (to be use | for future annual repor | t notificatio | n) | _ |
| For further information con | cerning this matter, please | call: | | | |
| RHYS GARDNER | | 9 at | 54 | 200-0225 | |
| | (Name of Contact Person | (/ | Area Code) | (Daytime Telephone Number) | |
| Enclosed is a check for the | following amount made p | ayable to the Florida De | partment of | State: | |
| ☐ \$35 Filing Fee | ■\$43.75 Filing Fee & Certificate of Status | □\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed) | Certif Certif | 0 Filing Fee Teate of Status Ted Copy Itional Copy is osed) | |
| Mailing A | Address | | t 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 to Articles of Incorporation of

JMPR LUNG CANCER SOCIETY, INC

| (Name of Corporation as currently filed with the Florida | Dept. of State) | |
|---|--------------------------------|--|
| N19000006619 | | |
| (Document Num | ber of Corporation | ı (if known) |
| Pursuant to the provisions of section 617.1006, Florida Statu amendment(s) to its Articles of Incorporation: | tes, this <i>Florida N</i> | lot For Profit Corporation adopts the following |
| A. If amending name, enter the new name of the corpora | ition: | |
| JOY OF LIFE LUNG CANCER SOCIETY, INC. | | The new |
| name must be distinguishable and contain the word "corpore "Company" or "Co." may not be used in the name. | ation" or "incorp | |
| B. Enter new principal office address, if applicable: | N/A | |
| (Principal office address <u>MUST BE A STREET ADDRESS</u> | <u> </u> | <u>. </u> |
| | | |
| C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) | N/A | |
| | | |
| D. If amending the registered agent and/or registered off new registered agent and/or the new registered office N/A Name of New Registered Agent: | fice address in Fk address: | orida, enter the name of the |
| | | |
| New Registered Office Address: | | (Florida street address) |
| New Registered Office Madress. | | |
| | ((7:4) | , Florida (Lip Code) |
| | (City) | (zip Chae) |
| New Registered Agent's Signature, if changing Registere | d Agent: | and the self-self-self-self-self-self-self-self- |
| I hereby accept the appointment as registered agent. I am f | amiliar wiin ana a | accept the obligations of the position. 2020 |
| | | |
| | Signature of New 1 | Registered Agent, if changing 2 2 |
| | | |
| | | ት: 02 |

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 Y Mike J SV Sally S | ones | |
|------------------------------------|--|--|---------|
| Type of Action (Check One) | <u>Title</u> | <u>Name</u> | Address |
| I) Change Add | | | |
| Remove | | | |
| 2) Change Add | | | |
| Remove 3) Change Add Remove | | | |
| 4) Change Add | | | |
| Remove | | | |
| 5) Change Add | | | |
| Remove | | | |
| 6) Change Add | | | |
| Remove | | | |
| E. If amending or additional sheet | ng additional Art ets, if necessary). | ticles, enter change(s) here: (Be specific) | |
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| The date of each amendment(s) adoption: 08/24/2019 date this document was signed. | , if other than the |
| Effective date if applicable: 08/24/2020 | |
| (no more than 90 days after amendment file date) | |
| <u>Note:</u> If the date inserted in this block does not meet the applicable statutory filing requirements, this date will document's effective date on the Department of State's records. | ll not be listed as the |
| 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. | s) |

| | | nembers entitled to vote on the amendment(s). The amendment(s) was/were |
|---|-----------------------------|---|
| a | idopted by the board of dir | rectors. |
| | 08/28/20 | 2020 |
| | Dated | |
| | | 1 Lacover |
| | Signature | chairman or vice chairman of the board, president or other officer-if directors |
| | have no | of been selected, by an incorporator – if in the hands of a receiver, trustee, or burt appointed fiduciary by that fiduciary) |
| | RHY | YS GARDNER |
| | | (Typed or printed name of person signing) |
| | PRE | SIDENT |
| | | (Title of person signing) |