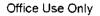
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## **COVER LETTER**

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: LIVE FOR	JESUS M	INISTRIES
N. 1900	000111	
DOCUMENT NUMBER: N19000	008115	
The enclosed Articles of Amendment and fee are subn	utted for filing.	
Please return all correspondence concerning this matter	r to the following:	
MARJORIE	RíoDi	N
	(Name of Contact Person	on)
	(Firm/ Company)	
	(1.11.11)	
6632 EMERALD	LAKE DR	
	(Address)	
MIRAMAR, FL 3:	3023	
	(City/ State and Zip Co	de)
MACTORIE PIONINI	EN (-1101)	· 0.44
MARJORIE RIODIN ( E-mail address: (to be used	for future annual repor	notification)
For further information concerning this matter, please of	:all:	
MARTORIE RIODIN (Name of Contact Person)	at 🧲	186) 307 - 8681
(Name of Contact Person)	(Å	rea Code) (Daytime Telephone Number)
Enclosed is a check for the following amount made pay	yable to the Florida Dep	partment of State;
\$35 Filing Fee \$\Bullet\$\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is Enclosed)
Mailing Address	Stree	t Address
Amendment Section		dment Section
Division of Corporations		on of Corporations
P.O. Box 6327 Tallahassee, FL 32314		n Building Executive Center Circle
	_ * * *	

Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of

	urrently filed with the Florida Dept. of State)
<del></del>	
N 19 0 0 0 0 81 10	Number of Corporation (if known)
arsuant to the provisions of section 617.1006, Florida S mendment(s) to its Articles of Incorporation;	Statutes, this Florida Not For Profit Corporation adopts the following
. If amending name, enter the new name of the corp	
N/A	The new poration" or "incorporated" or the abbreviation "Corp." or "Inc."
ame must be distinguishable and contain the word "cor Company" or "Co." may not be used in the name.	poration or "incorporated" or the abbreviation "Corp." or "Inc."
. Enter new principal office address, if applicable:	N/A
Principal office address MUST BE A STREET ADDR	
. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
	HOLLYWOOD, FL 33083-597
. If amending the registered agent and/or registered new registered agent and/or the new registered of	
Name of New Registered Agent:	N/A
	(Florida street address)
New Registered Cifice Address:	
	, Florida
	(City) (Zip Code)
ew Registered Agent's Signature, if changing Regist	torud Agent:
	tered Agent: am familiar with and accept the obligations of the position A
	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 Cyficer; CFO = Chief Financial Cyficer. If an cyficer/director holds more than one title, list the first letter of each cyfice hold. President, Treasurer, Director would be PID.

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		Doe Jones Smith	
Type of Action (Check One)	Title	<u>Name</u>	Address
1) Change Add Remove	<u> </u>	RIODIN RIODIN	MIRAMAR, FL33023
2) Change Add Remove	<u> </u>	MARJORIE RIODIN	6632 EMERALD LAKE DR. MIRAMAR, FL 33023 US
3) Change Add X_ Remove	<u> </u>	MICHEL M MONTI	6632 EMERALD LAKE DA MIRAMAR, FL 33023 US
4) Change Add Remove		FRANCESCA MONTI	6632 EMERALD LAKE DR. MIRAMAR, FL 33023 US
5) Change Add Remove			
6) Change Add Remove			

ttach additional sheets, if necessary).	(Be specific)			
N/A				
		 ·		
		 	<u></u>	
		 	· <del>-</del>	
		 	<del></del>	
		 	<u> </u>	
		 		<del></del>

The date of each amendment(s) adoptio date this document was signed.	n:N/A	, if other than the
Effective date if applicable:	<b>N</b> /A	
	(no more than 90 days after amendment file da	te)
Note: If the date inserted in this block document's effective date on the Department	es not meet the applicable statutory filing require ent of State's records.	ements, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were adopted was/were sufficient for approval.	by the members and the number of votes cast for	or the amendment(s)
☐ There are no members or members en adopted by the board of directors.	ntitled to vote on the amendment(s). The amend	lment(s) was/were
Dated <u>08/12</u>	-/2019	
	2019  or vice chairman of the board, president or other	de de la
have not been seld	or vice chairman of the board, president or other exted, by an incorporator – if in the hands of a rented fiduciary by that fiduciary)	
м	ARJORIE RIODIN	
	(Typed or printed name of person signi	ing)
	PRESIDENT	
	(Title of person signing)	