

N23000011396

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

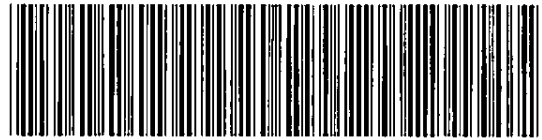
(Business Entity Name)

(Document Number)

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10/31/23--01025--002 \*\*35.00

10/31/23  
11:00 AM  
FBI

*ML*



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

November 8, 2023

JILL DISALVO  
1760 N JOG RD SUITE 150  
WEST PALM BEACH, FL 33411

SUBJECT: JESUS WORKS THRU YOU, INC.  
Ref. Number: N23000011396

We have received your document for JESUS WORKS THRU YOU, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please ensure that you check one of the adoption of amendment boxes, as well as date and sign the last page.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Morgan E Lovett  
Regulatory Specialist II

Letter Number: 023A00025957

**COVER LETTER**

TO: Amendment Section  
Division of Corporations

NAME OF CORPORATION: JESUS WORKS THRU YOU, INC.

DOCUMENT NUMBER: N23000011396

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Jill DiSalvo

\_\_\_\_\_  
(Name of Contact Person)

DiSalvo & Associates PLLC

\_\_\_\_\_  
(Firm/ Company)

1760 N JOG RD Suite 150

\_\_\_\_\_  
(Address)

WEST PALM BEACH, FL 33411

\_\_\_\_\_  
(City/ State and Zip Code)

jdisalvo@d-acpa.com

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jill DiSalvo

561

659-1177

at

\_\_\_\_\_  
(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:

- |                                                     |                                                                        |                                                                                                     |                                                                                                                            |
|-----------------------------------------------------|------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------|
| <input checked="" type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certified Copy<br>(Additional copy is<br>enclosed) | <input type="checkbox"/> \$52.50 Filing Fee<br>Certificate of Status<br>Certified Copy<br>(Additional Copy is<br>Enclosed) |
|-----------------------------------------------------|------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------|

**Mailing Address**

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

**Street Address**

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

JESUS WORKS THRU YOU, INC.

(Name of Corporation as currently filed with the Florida Dept. of State)

N23000011396

(Document Number of Corporation (if known))

Pursuant to the provisions of section 617.1006, Florida Statutes, this *Florida Not For Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

A. If amending name, enter the new name of the corporation:

*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)

C. Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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:

New Registered Office Address:

(Florida street address)

(City)

Florida

(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

(Attach additional sheets, if necessary)

*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.*

Example:

<u>X</u> Change	<u>PT</u>	<u>John Doe</u>
<u>X</u> Remove	<u>V</u>	<u>Mike Jones</u>
<u>X</u> Add	<u>SV</u>	Sally Smith

Title

Name \_\_\_\_\_

Address

1)          Change  
Add

AR

ROBERT W SCHULTZ

19604 KING FISHER LANE  
LOXAHATCHEE, FL 33470

x Remove

2)  $\frac{\quad}{x}$  Change  
Add

AR

VIRGINA TUER

8098 DOVER DR  
GRAND BLANC, MI 48439

Remove

3 ) ☐ Change  
☐ Add  
☐ Remove

4)          Change  
             Add

         Remove

5) \_\_\_\_\_ Change  
\_\_\_\_\_ Add

Remove

6) \_\_\_\_\_ Change  
\_\_\_\_\_ Add

         Remove

(attach additional sheets, if necessary). (Be specific)

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Lined area for text entry.

10/25/2023

The date of each amendment(s) adoption: 10/25/2023, if other than the date this document was signed.

Effective date if applicable: \_\_\_\_\_  
(no more than 90 days after amendment file date)

**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

11/17/23

★ Signature

*[Handwritten 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)

★

Jill DiSalvo

(Typed or printed name of person signing)

★

Incorporator

(Title of person signing)

2023.11.17