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## **COVER LETTER**

Division of Corpor				
NAME OF CORPOR	Pon	ENLY FOR	UNDATIONS 059	Ing.
The enclosed Articles of	of Amendment and fee are sul	bmitted for filing.		
Please return all corresp	ondence concerning this mat	ter to the following:		
	Zc Pa Tusi	Name of Contact Person  Parenty For  Firm/ Company  Address  Address  City/ State and Zip Cod  And Company  City/ State and Zip Cod  And Company  Address	udations Leaf Ct FL 3468° Cyly Foundar	- - <u>3</u> tobns. com
For further information	concerning this matter, pleas	e call:		
Name of	L'a Jones f Contact Person	at ( <u>727</u> Area Co	de & Daytime Telephone Number	
Enclosed is a check for	the following amount made p	payable to the Florida Depa	artment of State:	
S35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	
Maili	ing Address	Street	Address	

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

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## **Articles of Amendment**

to Articles of Incorporation

Heavenly	FOUNdations INC 18
(Name of Corporation as cur	rently filed with the Florida Dept. of State)
POTOC	0003/059
(Document Num	ber of Corporation (if known)
•	·
Pursuant to the provisions of section 607.1006, Florida Statutes its Articles of Incorporation:	, this Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation	<u>n;</u>
	The new
	oration," "company," or "incorporated" or the abbreviation or "Co". A professional corporation name must contain the tion "P.A."
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	2970 Greenleaf Cf. Palm Horbor, FC
	34683
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
(umng unitess MAT BE A TOST OF THE BOA)	SAME AS
	ABOVE
D. If amending the registered agent and/or registered office new registered agent and/or the new registered office ad	
^ (	<u>7</u>
Name of New Registered Agent	<u>' 1</u>
(El-	
(Fiori	ida street address)
New Registered Office Address:	(City) , Florida (Zip Code)
	(City) (Zip Code)
New Registered Agent's Signature, if changing Registered A I hereby accept the appointment as registered agent. I am fam	
	New Registered Agent, if changing
Signature of l	New Registered Agent, if changing

N/A

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:	i, anu sar	iy əmini, ər us un zuu.	
X Change	<u>PT</u>	John Doe	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change			
Add			
Remove			
2) Change			
Add			
Remove			
3 ) Change			,
Remove	,		
4) Change	<u> </u>		
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			· · · · · · · · · · · · · · · · · · ·
Remove			

E. If amending or adding additional Articles, enter change(s) here:	
(Attach additional sheets, if necessary). (Be specific)	
N/A Just adhess Chan	192
,	
F. If an amendment provides for an exchange, reclassification, or cancellation of issued s	hares,
provisions for implementing the amendment if not contained in the amendment itself	
(if not applicable, indicate N/A)	

The date of each amendment(s) ad late this document was signed.	loption:, if other thar
Effective date <u>if applicable</u> :	
	(no more than 90 days after amendment file date)
Note: If the date inserted in this bidocument's effective date on the Dep	lock does not meet the applicable statutory filing requirements, this date will not be listed as partment of State's records.
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/were ado by the shareholders was/were sui	pted by the shareholders. The number of votes cast for the amendment(s) fficient for approval.
	roved by the shareholders through voting groups. The following statement each voting group entitled to vote separately on the amendment(s):
"The number of votes cast	for the amendment(s) was/were sufficient for approval
by	(voting group)
	(voting group)
☐ The amendment(s) was/were ado action was not required.	pted by the board of directors without shareholder action and shareholder
The amendment(s) was/were ado action was not required.	pted by the incorporators without shareholder action and shareholder
Dated	20/16
selected	rector, president or other officer – if directors or officers have not been  d, by an incorporator – if in the hands of a receiver, trustee, or other court  ed fiduciary by that fiduciary)
	(Typed or printed name of person signing)
	President
	(Title of person signing)