10800080466

(Re	equestor's Name)	a
(Ac	ldress)	
(Ac	ldress)	
(Ci	ty/State/Zip/Phone	e #)
PICK-UP	·	MAIL
(Bu	isiness Entity Nar	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only

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2009 APR 24 PH I2: 32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



April 15, 2009

PEGGY CORNWELL 5345 E. MCLELLAN \$90 MESA, AZ 85205

SUBJECT: LIVING WITH JESUS, INC

Ref. Number: P08000080466

We have received your document for LIVING WITH JESUS, INC and check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The attached form must be completed in order to file the document.

If you are changing the corporation names please complete section A and return for processing.

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) 245-6908.

Sylvia Gilbert Regulatory Specialist II

Letter Number: 209A00012674

2009 APR 24 AM 8: 00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Division of Compositions DO DOV 6997 Wellshames Elevide 20014

- Amendment Section

Division of Corporations

Clifton Building

2661 Executive Center Circle

Tallahassee, Fl 32301

Re: P08000080466

Please see the enclosed Amendment to change my company name. I have enclosed a check for \$43.75 and an extra copy for my records. Please send the filed copy back to the following address:

Annette Depler C/O

Peggy Cornwell

5345 E. Mclellan #90

Mesa, Arizona 85205

Thank you and have a great day!

Annette Denler

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: LVIN	3 WITH SESUS, INC			
DOCUMENT NUMBER: P08000	080466			
The enclosed Articles of Amendment and fee are s	submitted for filing.			
Please return all correspondence concerning this m	natter to the following:			
Annette Dep (Name de C	Ler C/O PEGIN Cornwell Contact Person)			
(Firm/	Company)			
5345 E MCI	ellan #90			
(Ac	ddress)			
Mesa Az	85205			
For further information concerning this matter, ple				
PEGGy Cornwell	at (<u>40</u> 2) <u>300- 654</u> (Area Code & Daytime Telephone Number)			
Enclosed is a check for the following amount made payable to the Florida Department of State:				
\$35 Filing Fee \$43.75 Filing Fee & Certificate of Status	\$43.75 Filing Fee & \$52.50 Filing Fee Certified Copy (Additional copy is enclosed) Certified Copy (Additional Copy is enclosed)			
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle			

•	ı	Ei.
Articles of An	nendment	FILED APR 24 PM 12: 32 HASSY OF STARY
to Articles of Inco	2000	
Articles of flict of	r poration	APR 24
	JA SECR	ETA PM 12: 32
	SUS, INCHA	ASCLOF CT
(Name of Corporation as currently filed v	<u>vith the Florida Dept. of State</u>)	ETARY OF STATE
P08000080	41010	TIOA
(Document Number of Corp		 _
Pursuant to the provisions of section 607.1006, Florida S	Statutos this Florida Droft Co	
following amendment(s) to its Articles of Incorporation:	natutes, tilis <i>Florida Projit Co</i>	orporation adopts the
•		
A. If amending name, enter the new name of the corpor	<u>ation:</u>	
ECO Travel A	MIAnce, IX	ب ب
The new name must be distinguishable and contain	the word "corporation," "	company," or
"incorporated" or the abbreviation "Corp.," "Inc.," or	Co.," or the designation "Co	rp," "Inc," or
"Co". A professional corporation name must conassociation," or the abbreviation "P.A."	ntain the word "chartered,"	"professional
association, or the above viation, 1.71.	10.1.1.	
B. Enter new principal office address, if applicable:	NA	
(Principal office address <u>MUST BE A STREET ADDRES</u>	<u>(S</u>)	
		· · · · · · · · · · · · · · · · · · ·
		
C. Enter new mailing address, if applicable:	NA	
(Mailing address MAY BE A POST OFFICE BOX)	10/11	
		
D. If amending the registered agent and/or registered o	ffice address in Florida, enter	the name of the
new registered agent and/or the new registered offic		the name of the
	11/4	
Name of New Registered Agent:	_N \rac{1}{\sqrt{1}}	
	•	
New Registered Office Address: (Florida street address)	
		Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if changing Register	ed Agent:	
I hereby accept the appointment as registered agent. I		the obligations of the
position.	i i	
	NIA	
Signature of	New Registered Agent, if chang	ing

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)

<u>Title</u>	Name	Address	Type of Action
	NIV		
		·	
•			☐ Remove
	nding or adding additional Articles, en additional sheets, if necessary). (Be s	nter change(s) here:	
<u>provis</u>	imendment provides for an exchange, ions for implementing the amendmen not applicable, indicate N/A)		
	NA		
		Page 2 of 3	

The date of o	each amend	ment(s) adoption:	4	4	09
Effective dat	e <u>if applical</u>		4	ا ا	69
		(no more than 9	0 days aft	er ame	nendment file date)
Adoption of	Amendmen	t(s) (<u>CH</u>	ECK ON	<u>E</u>)	
		s/were adopted by the as/were sufficient for a		lers. T	The number of votes cast for the amendment(s)
					through voting groups. The following statement to vote separately on the amendment(s):
"The	number of v	otes cast for the amen	dment(s)	was/w	were sufficient for approval
by		(voting group)			91
		, 00 1/			
	idment(s) was s not require		board of	directo	ctors without shareholder action and shareholder
	ndment(s) wa not require		incorpora	ators w	without shareholder action and shareholder
	Dated_	4/20/09			
	Signati	(By a director, president	porator –	if in th	fficer 4 if directors or officers have not been the hands of a receiver, trustee, or other court ry)
		Anne	the	nted n	name of person signing)
		Pre	Zid (Title o	er of pers	rson signing)