## P11000048237

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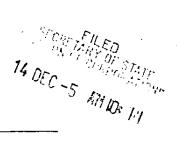
AMUNDOUS 10/11/14

## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPORATION: EMMANUEL JIREH, INC					
DOCUMENT NUMBER: P11000048237					
	of Amendment and fee are sul				
Please return all corres	Please return all correspondence concerning this matter to the following:				
	ROSA-NIDIA REYES				
	Name of Contact Person				
**	EMMANUEL JIRE				
Firm/ Company 18300 WEST DIXIE HIGHWAY					
Address					
	МIAM, FL 33160				
		City/ State and Zip Code	<b>:</b>		
	·				
-	E-mail address: (to be us	ed for future annual report	notification)		
For further information	For further information concerning this matter, please call:				
ROSA-NIDIA	ROSA-NIDIA REYES				
Name of Contact Person		Area Coe	de & 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 & Certified Copy (Additional copy is enclosed)	©\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)		
Ame Divi P.O.	ling Address endment Section sion of Corporations Box 6327 ahassee, FL 32314	Amend Divisio Clifton 2661 E	Address ment Section n of Corporations Building xecutive Center Circle ssee, FL 32301		

## Articles of Amendment to Articles of Incorporation of



## EMMANUEL JIREH, INC

(Name of Company)				•
P11000048237	s currently filed with the Flo	rida Dept. of State)		
(Docume	nt Number of Corporation (if k	(nown)		•
Pursuant to the provisions of section 607 its Articles of Incorporation:	.1006, Florida Statutes, this FI	orida Profit Corporation a	dopts the following	g amendment(s) to
A. If amending name, enter the new n	ame of the corporation:			
				_The new
name must be distinguishable and con "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	nation "Corp," "Inc," or "Co	". A professional corpor		
B. Enter new principal office address, (Principal office address <u>MUST BE A S</u>				
C. Enter new mailing address, if appl (Mailing address MAY BE A POST				
D. If amending the registered agent ar	.d/or registered office addres	s in Florida, enter the na	ne of the	
new registered agent and/or the ne				
Name of New Registered Agent	JOSE CABRERA		_	
	18300 WEST DIX	(IE HIGHWAY		
	(Florida street	•	-	
New Registered Office Address:	MIAMI	, Florida	33160.	•
	(City)	······································	(Zip Code)	
New Registered Agent's Signature, if c I hereby accept the appointment as regist	hanging Registered Agent: ered agent. I am familiar with gnature of New Registered Age	-	s of the position.	
/	,	. ,		

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 <math>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	<u>PT</u>	John Doc	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Namc</u>	Address
1) Change	VP	OSPINA, ROSA-NIDIA	18300 WEST DIXIE HIGH
Add			MIAMI, FLORIDA 33160
Remove			
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add		· •	<del></del>
Remove			
5) Change			
Add			
Remove			
6) Change	<del></del>		· · ·
Add			
Remove			

	mending or adding additional Articles, lach additional sheets, if necessary). (Be		<u>e</u> :	
•				
			W	
'. <u>lf ai</u> pro	nn amendment provides for an exchange rovisions for implementing the amendme (if not applicable, indicate N/A)	reclassification, or nt if not contained	cancellation of issued in the amendment itse	d shares, elf:
				. <u>.                                   </u>

The date of each amendment	(s) adoption: 11/01/2014	, if other than the
date this document was signed	11/01/2014	
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	<del></del>
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
The amendment(s) was/wer by the shareholders was/we	re adopted by the shareholders. The number of votes cast for the amendment(s) ere sufficient for approval.	
	re approved by the shareholders through voting groups. The following statement and for 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)	
	(voung group)	
action was not required.	e adopted by the board of directors without shareholder action and shareholder	
action was not required.	e adopted by the incorporators without shareholder action and shareholder	
Dated	1/2014	
se	y a director, president or other officer – if directors or officers have not been lected, by an incorporator – if in the hands of a receiver, trustee, or other court pointed fiduciary by that fiduciary)	_
	ROSA-NIDIA OSPINA	
	(Typed or printed name of person signing)	
	VP	
	(Title of person signing)	<del>-</del>