N08000001007

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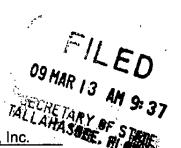
Amend Mc Theurs 3-18-09

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: Diaspora e	n Action pour le Developmen	it de Paul-Atrel, Inc.
DOCUMENT NUMBER: N08000001007		
The enclosed Articles of Amendment and fee	e are submitted for filing.	
Please return all correspondence concerning to	this matter to the following:	
JUSTINE ROSELEINE		
(Nam	ne of Contact Person)	
	Firm/ Company)	
475 NW 46th Ave	(Address)	
D	(Audiess)	
Plantation, Florida 33317 (City)	/ State and Zip Code)	
For further information concerning this matter	•	
JUSTINE ROSELEINE	at (954) 708-59	
(Name of Contact Person) Enclosed is a check for the following amount	(Area Code & Daytim made payable to the Florida De	•
\$35 Filing Fee \$\times \$43.75 Filing Fee \$\times\$ 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 Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center C Tallahassee, FL 32301	

Articles of Amendment to Articles of Incorporation of



OI .	ALLAHARY
Diaspora en Action pour le Develo	- 621
(Name of Corporation as currently filed with	the Florida Dept. of State
N080000010	007
(Document Number of Corpora	tion (if known)
Pursuant to the provisions of section 617.1006, Florida Statute the following amendment(s) to its Articles of Incorporation:	s, this <i>Florida Not For Profit Corporation</i> adopts
A. If amending name, enter the new name of the corporati	on:
Diaspora en Action pour le Developp	ement de Paul-Atrel, Inc.
The new name must be distinguishable and contain the word abbreviation "Corp," or "Inc." "Company" or "Co." may no	
B. Enter new principal office address, if applicable:	1239 NE 2nd Ave
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	Fort Lauderdale
	Florida 33304
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
D. If amending the registered agent and/or registered offic new registered agent and/or the new registered office ac	
Name of New Registered Agent:	<u>. </u>
New Registered Office Address: (Flo.	rida street address)
	, Florida
	(City) (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

removed and title, name, and address of each Officer and/or Director being added: (Attach additional sheets, if necessary) **Type of Action** Title Name Address **SOLANGE TOUSSAINT** D 1101 NW 15 Place ■ □ Add Remove Fort Lauderdale Florida 33311 🗖 🗖 Add D EGUILBERT LOUIMA 1101 NW 15 Place Remove Fort Lauderdale Florida 33311 SAINTOMENE PRUDENT Sunrise Florida 33351 Continue on extra Page. E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific)

If amending the Officers and/or Directors, enter the title and name of each officer/director being

Additional Page

ARTICLES OF AMENDMENT

Amending Officers and Directors

<u>Title</u>	<u>Name</u>	Address	Type of Action
D	Paul Thelus	1101 NW 15 Pl Fort Lauderdale Florida 33311	Add
D	Seradieu Louima	1239 NE 2 nd Ave Fort Lauderdale Florida 33304	Add
VP	Anthona Justin	111 San RemoBlvd North Lauderdale Florida 33068	Add
S	Guenny Prudent	1101 NW 15 Pl Fort Lauderdale Florida 33311	Remove
S	Odrange Jean-Louis	3354 NW 37 th Ave Lauderdale Lakes Florida 33309	Add

The date of each amendment(s) adoption: 02-12-2009			
Effective date if applicable:	•		
•	(no more than 90 days after amendment file date)		
Adoption of Amendment(s)	(CHECK ONE)		
The amendment(s) was/we was/were sufficient for app	ere adopted by the members and the number of votes cast for the amendment(s) proval.		
There are no members or adopted by the board of di	members entitled to vote on the amendment(s). The amendment(s) was/were rectors.		
Dated_02-2	26-2009		
Signature _	Roseline Justine		
hav	the chairman or vice chairman of the board, president or other officer-if directors to not been selected, by an incorporator – if in the hands of a receiver, trustee, or er court appointed fiduciary by that fiduciary)		
	ROSELEINE JUSTINE (Typed or printed name of person signing)		
	PRESIDENT / DIRECTOR		
	(Title of person signing)		

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