N0800000 1564

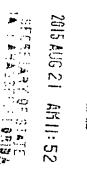
(Re	equestor's Name)	
(Ac	ddress)	
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- (Ci	ty/State/Zip/Phone	e #)
PICK-UP	MAIT	MAIL
(Bu	usiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to	Filing Officer:	
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Office Use Only



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AUG 2 4 2015

C. CARROTHERS

COVER LETTER

TO: Amendment Section '
Division of Corporations

* :



Moving Mountains Charity l	Inc
N08000001504 DOCUMENT NUMBER:	
The enclosed Articles of Amendment and fee are submitted for	or filing.
Please return all correspondence concerning this matter to the	following:
Samia Pedalino	
(Name	of Contact Person)
(Fi	rm/ Company)
337 Vizcaya Drive	
	(Address)
Palm Beach Gardens FL 33418	
(City/ S	State and Zip Code)
SamiaAriel@gmail.com	
E-mail address: (to be used for fut	re annual report notification)
For further information concerning this matter, please call:	
Samia Pedalino	561 818 2455
(Name of Contact Person)	(Area Code) (Daytime Telephone Number)
(Add	
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

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of



2015 AUG 21 AM 11:52

Movine	Mountains	Charity	Inc
VIOVILLE.	Monthalia	Charty	HIC

GEORE JARY OF STATE

(Name of Corporation	as curre	ntly filed with the Florida Den	ot. of State)
N08000001504			
(Docur	nent Num	ber of Corporation (if known)	
Pursuant to the provisions of section 617.1006, Flo amendment(s) to its Articles of Incorporation:	rida Statu	tes, this <i>Florida Not For Profit</i>	Corporation adopts the following
A. If amending name, enter the new name of the	corpora	tion:	
name must be distinguishable and contain the word	l "cornor	ation" or "incorporated" or the	The new
"Company" or "Co." may not be used in the nam	е. <u>е</u> .	anon or incorporated or the	dooreviation Corp. or the,
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRES)		337 Vizcaya Drive	
		Palm Beach Gardens, FL 334	18
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)	<u>BOX</u>)	337 Vizcaya Drive	
		Palm Beach Gardens, FL 334	18
D If amending the registered agent and/or registered agent and/or the new registered	stered off ed office	ice address in Florida, enter ti address:	ne name of the
Name of New Registered Agent:	Samia Pedalino		
Hame of the Aegistered Agent.	337 Vizcaya Drive		
New Registered Office Address:		(Florida stre	et address)
	Palm Be	ach Gardens	Electide 33418
		(City)	, Florida (Zip Code)
New Registered Agent's Signature, if changing I hereby accept the appointment as registered agen			gations of the position.
		1.	
_		Signature of New Registered Ag	ent, if changing

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: X Change X Remove X Add	PT John I V Mike SV Sally	<u>Jones</u>	į.
Type of Action (Check One)	Title	Name	Address
1) Change		/	/
Add			
Remove			
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change	/	/	
Add			
Remove			
5)Change			
Add			
Remove			
6) Change			
Add			
Remove			

ttach additional sheets, if	litional Articles, enter change(s) necessary). (Be specific)			
			····	<u>.</u>
				
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			· · · · · · · · · · · · · · · · · · ·	
				······································
				
<u>,</u>		<u></u>		

The	date of each amer	ndment(s) adoption:	, if other than the
date	this document was	signed.	
Eff	ective date <u>if appli</u>		
		(no more than 90 days after amendment file date)	
		ed in this block does not meet the applicable statutory filing requirements, this date will nate on the Department of State's records.	ot be listed as the
Ado	option of Amendm	ent(s) (CHECK ONE)	
	The amendment(s was/were sufficient) was/were adopted by the members and the number of votes cast for the amendment(s) at for approval.	
	There are no mem adopted by the bo	bers or members entitled to vote on the amendment(s). The amendment(s) was/were ard of directors.	
	Dated	August 18 2015	
	Signature		
	3	(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)	
		Samia Pedalino	
		(Typed or printed name of person signing)	
		Director	

(Title of person signing)