N0900005572

(Re	questor's Name)	
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: "BIG DREAMS	S" FOR KIDS, INC	
DOCUMENT NUM	BER: N0900005572		
The enclosed Articles	s of Amendment and fee are sub	omitted for filing.	
Please return all corre	espondence concerning this mat	ter to the following:	
		ETH MCCOY	.
	(Name of	Contact Person)	
	KENNETH	W. MCCOY P.A.	
	(Firm	n/ Company)	
	15271 NW 6	OTH AVE STE 203	
	(.	Address)	
	MIAMI I A	AKES, FL 33014	
<u></u>		te and Zip Code)	
	1/14000\/DA	anci i coutu Net	
	E-mail address: (to be use	@BELLSOUTH.NET and for future annual report notific	cation)
For further information	on concerning this matter, pleas	e call:	
KENNETH MCC	ΟΥ	_{at (} 305 ₎ 698-90	01
	of Contact Person)		ime Telephone Number)
Enclosed is a check f	or the following amount made p	payable to the Florida Departme	nt 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 Divis P.O.	ing Address ndment Section tion of Corporations Box 6327 hassee, FL 32314	Street Address Amendment Section Division of Corporat Clifton Building 2661 Executive Cent Tallahassee, FL 3230	ions er Circle

Articles of Amendment Articles of Incorporation of

"BIG DREAMS" FOR KIDS, INC.

(Name of Corporation as currently filed with the Florida Dept. of State)

N09000005572

(Document Number of Corporation (if known)

Pursuant to the provisions of section 617.1006, Florida Statutes, this Florida Not For Profit Corporation adopts

If amending name, enter the new nan	e of the corporation:	
	nd contain the word "corporation" or "incorpor y" or "Co." may not be used in the name.	rated" or the
Enter new principal office address, if rincipal office address MUST BE A STI		
Enter new mailing address, if applica	ıble:	
(Mailing address <u>MAY BE A POST Of</u>	FFICE BOX)	· · · · · · · · · · · · · · · · · · ·
If amending the registered agent and/ new registered agent and/or the new i	or registered office address in Florida, enter the	ne name of the
		ne name of the
new registered agent and/or the new		e name of the
<u>Name of New Registered Agent:</u>	registered office address: (Florida street address)	orida_ (Zip Code)

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
			☐ Add ☐ Remove
			☐ Add ☐ Remove
			☐ Add ☐ Remove
	or adding additional Articles, enter chional sheets, if necessary). (Be specific,		
THE ORGAN	IIZATION IF ORGANIZED EXCLU	SIVELY FOR CHARITABLE	
RELIGIOUS,	EDUCATIONAL AND SCIENTIFIC	C PURPOSES UNDER SEC	TION 501(C)(3)
OF THE INT	ERNAL REVENUE CODE, OR CO	RRESPONDING SECTION	OF ANY
FUTURE FE	DERAL CODE.		
UPON THE D	DISSOLUTION OF THIS ORGANIZ	ZATION, ASSETS SHALL B	E
DISTRIBUTE	D FOR ONE OR MORE EXEMPT	PURPOSES WITHIN THE	MEANING
OF SECTION	I 501(C)(3) OF THE INTERNAL RI	EVENUE CODE, OR CORR	ESPONDING
SECTION OF	ANY FUTURE FEDERAL TAX C	ODE, OR SHALL BE DISTR	RIBUTED
TO THE FED	ERAL GOVERMENT, OR TO A S	TATE OF LOCAL GOVERM	IENT,
FOR A PUBL	IC PURPOSE.		
			
		<u> </u>	· · · · · · · · · · · · · · · · · · ·

•	./ /
The date of each amendment(s) ad	loption: 4/20/10
	(date of adoption is required)
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)
	· · · · · · · · · · · · · · · · · · ·
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/were ado was/were sufficient for approval.	opted by the members and the number of votes cast for the amendment(s)
There are no members or members adopted by the board of directors	ers entitled to vote on the amendment(s). The amendment(s) was/were
Dated 4/2	20/10
have not-	hairman or vice chairman of the board, president or other officer-if directors been selected, by an incorporator – if in the hands of a receiver, trustee, or rt appointed fiduciary by that fiduciary)
	TRAMAR DILLARD
	(Typed or printed name of person signing)
	trespent
	(Title of person signing)