TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Haiti Cholera Research Funding Foundation Inc

DOCUMENT NUMBER: N1300008966

The enclosed Articles of Amendment and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

PIERRETTE J CAZEAU

(Name of Contact Person)

(Firm/Company)

4700 LUCERNE LAKES BLVD WEST 3 604

(Address)

LAKE WORTH, FL 33467

(City/State and Zip Code)

info@hcrrf.org

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

PIERRETTE J CAZEAU

(Name of Contact Person)

561 577-2698

(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 & 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 Circle
Tallahassee, FL 32301
Articles of Amendment to Articles of Incorporation of

Haiti Cholera Research Funding Foundation Inc

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

N 13000008966

(Document Number of Corporation (if known)

Pursuant to the provisions of section 617.106, Florida Statutes, this Florida Not For Profit Corporation adopts the following amendment(s) to its Articles of Incorporation:

A. If amending name, enter the new name of the corporation:

The new name must be distinguishable and contain the word "corporation" or "incorporated" or the abbreviation "Corp." or "Inc." "Company" or "Co." may not be used in the name.

B. Enter new principal office address, if applicable:

4700 LUCERNE LAKES BLVD WEST # 604

Lake Worth Fl. 33467

B. Enter new principal office address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

C. Enter new mailing address, if applicable:

D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:

Name of New Registered Agent:

Pierrette J Cazeau

4700 Lucerne Lakes Blvd West # 604

(Florida street address)

New Registered Office Address:

Lake Worth

(City)

Florida

33467

(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

Page 1 of 4
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:

<table>
<thead>
<tr>
<th>Type of Action</th>
<th>Title</th>
<th>Name</th>
<th>Address</th>
</tr>
</thead>
<tbody>
<tr>
<td>X Change</td>
<td>PT</td>
<td>John Doe</td>
<td>4700 Lucerne Lakes Blvd West #6C</td>
</tr>
<tr>
<td>X Remove</td>
<td>V</td>
<td>Mike Jones</td>
<td>Lake Worth Fl. 33467</td>
</tr>
<tr>
<td>X Add</td>
<td>SV</td>
<td>Sally Smith</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Type of Action</th>
<th>Title</th>
<th>Name</th>
<th>Address</th>
</tr>
</thead>
<tbody>
<tr>
<td>1) ___ Change</td>
<td>Chair</td>
<td>Richard Jackson</td>
<td>4700 Lucerne Lakes Blvd West #6C</td>
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<tr>
<td>___ Add</td>
<td></td>
<td></td>
<td>Lake Worth Fl. 33467</td>
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<td>X Remove</td>
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<td>2) ___ Change</td>
<td>Chair</td>
<td>Olumide Idowu</td>
<td>4700 Lucerne Lakes Blvd West #6i</td>
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<td>___ Add</td>
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<td>Lake Worth Fl. 33467</td>
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<td>X Remove</td>
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<td>3) ___ Change</td>
<td>Chair</td>
<td>Imani Kondo</td>
<td>4700 Lucerne Lakes Blvd West #6i</td>
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<td>Lake Worth Fl. 33467</td>
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<td>4) ___ Change</td>
<td>Chair</td>
<td>Harriet Lewis</td>
<td>4700 Lucerne Lakes Blvd West #6i</td>
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<td>___ Add</td>
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<td>Lake Worth, Fl 33467</td>
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<td>X Remove</td>
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<tr>
<td>5) ___ Change</td>
<td>Chair</td>
<td>Osogban Godspower</td>
<td>4700 Lucerne Lakes Blvd West #6i</td>
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<td>___ Add</td>
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<td>Lake Worth Fl. 33467</td>
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<td>X Remove</td>
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<td>6) ___ Change</td>
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<td>___ Remove</td>
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</tbody>
</table>
E. If amending or adding additional Articles, enter change(s) here:
(attach additional sheets, if necessary). (Be specific)
February 6, 2018

The date of each amendment(s) adoption: ____________________________ if other than the date this document was signed.

Effective date if applicable: _____________________________________ (no more than 90 days after amendment file date)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document’s effective date on the Department of State’s records.

Adoption of Amendment(s) (CHECK ONE)

☐ The amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s) was/were sufficient for approval.

☐ There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors.

Dated

February 6, 2018

Signature

Thomas F Huehn

(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)

Thomas F Huehn

(Typed or printed name of person signing)

Power of Attorney

______________________________

(Title of person signing)

State of Florida
County of ________________________

[Signature of Affiant]

Sworn to (or affirmed) and subscribed before me this ____________ day of February, 2018.

By ________________________

[Signature of Notary Public - State of Florida]

[Name of Notary Public - State of Florida]