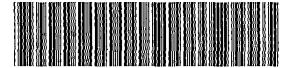
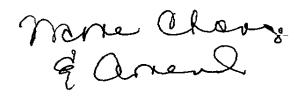
	(Requestor's Name)
	(Address)
	(Address)
· <u>-</u>	(City/State/Zip/Phone #)
[PICK-UP WAIT MAIL
	(Business Entity Name)
	(Document Number)
ertified	Copies Certificates of Status
Specia	Instructions to Filing Officer:
	Office Use Only



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172/14/06--01052--011 **43.75



COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Community Based Staffing & Services Corporation
DOCUMENT NUMBER: <u>NO200004577</u>
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
OKEY R RYAN (Name of Contact Person) Community Basers Staffang & Services Corporation' (Firm/ Company)
GOO9 9th Street North (Address) ST Petenslung FC 33703 (City/State and Zip Code)
For further information concerning this matter, please call:
OKey R Ryan at (727) 521-4318 (Name of Contact Person) (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount: \$\Begin{array}{c} \\$35 \text{ Filing Fee} \\ \\$43.75 \text{ Filing Fee} \\ \\$Certificate of Status} \\ \\$Certificate of Status \\ (Additional copy is enclosed) \\ \\$60 \text{ (Additional Copy is enclosed)} \end{array}\$
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment Articles of Incorporation (Name of corporation as currently filed with the Florida Dept. of State) (Document number of corporation (if known) Pursuant to the provisions of section 617.1006, Florida Statutes, this Florida Not For Profit Corporation adopts the following amendment(s) to its Articles of Incorporation: NEW CORPORATE NAME (if changing): (must contain the word "corporation," "incorporated," or the abbreviation "corp." or "inc." or words of like import in language; "Company" or "Co." may not be used in the name of a not for profit corporation) AMENDMENTS ADOPTED- (OTHER THAN NAME CHANGE) Indicate Article Number(s) and/or Article Title(s) being amended, added or deleted: (BE SPECIFIC) LATION IS OLGANITED sequent occipiently, the componation

(Attach additional pages if necessary)
(continued)

The date of adoption of the am	endment(s) was://1/2006		
Effective date if applicable:			
	(no more than 90 days area amendment me date)		
Adoption of Amendment(s)	(CHECK ONE)		
	as (were) adopted by the members and the number of votes cas as sufficient for approval.		
	s or members entitled to vote on the amendment. The vere) adopted by the board of directors.		
Signature	an Khaj		
(By the chairman of have not been selection)	rvice chairman of the board, president or other officer- if directors cted, by an incorporator- if in the hands of a receiver, trustee, or ed fiduciary, by that fiduciary.)		
OKEY (Typ	RYAIN ed or printed name of person signing)		
DIREC			
	(Title of person signing)		

FILING FEE: \$35