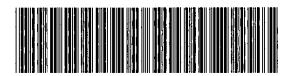
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(Red	questor's Name)	
(Add	dress)	
- (Add	dress)	
(City	y/State/Zip/Phone	→ #)
PICK-UP	☐ WAIT	MAIL
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(Dod	cument Number)	
Certified Copies	_ Certificates	s of Status <u>ாகக்க</u>
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: Uppe	r Room Ass	semb	ly Inc.		
DOCUMENT NUMBER: 744350					
The enclosed Articles of Amendment and	d fee are submit	tted for	filing.		
Please return all correspondence concern	ing this matter	to the f	ollowing	;;	
	Pat W				
	(Name of Co	ntact P	erson)		
l	Jpper Room	Asser	nbly In	c	
	(Firm/ C	ompan	y)		
	19701 SW	127 A	venue		
	(Add	lress)			
	Miami, I	FI 331	77		
	(City/ State a				
	t@upperroor				
E-mail address	s: (to be used fo	or futur	e annual	report notific	cation)
For further information concerning this n	natter, please ca	ill:			
Pat Williams		at (305	251-08	76
(Name of Contact Person)		_ *** ((Area (Code & Dayt	76 ime Telephone Number)
Enclosed is a check for the following amount	ount made paya	ible to t	he Flori	da Departme	nt of State:
\$35 Filing Fee \$43.75 Filing Certificate of Sta		Certifi	.75 Filir ed Copy ional co		☐ \$52.50 Filing Fee Certificate of Status Certified Copy
already pu	id	enclo		ру 13	(Additional Copy is enclosed)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314			Amend Division Clifton	Address Iment Section on of Corporat Building xecutive Cent	ions

Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE Division of Corporations

August 11, 2009

Pat Williams Upper Room Assembly Inc. 19701 SW 127 Avenue Miami, FL 33177

SUBJECT: UPPER ROOM ASSEMBLY, INC.

Ref. Number: 744350

We have received your document for UPPER ROOM ASSEMBLY, INC. and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please fill out page one and four of the amendment form. Please include the name of the corporation on page one and the date of adoption and check one of the boxes under adoption of amendment on page four.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6907.

Annette Ramsey Regulatory Specialist II

Letter Number: 409A00027314

109 AUG 19 AM 18: 00 SECRETARY GEGETATE

response to your letter, please see closed. Ihack you Mr. Pat Willeams

Division of Corporations - P.O. BOX 6327 - Tallahassee, Florida 32314

Articles of Amendment to **Articles of Incorporation** of

FILED 2009 AUG 19 PM 4:57

Upper Room Assembly Inc.

(Name of Corporation as currently filed with the Florida Dept. of State) 744350 (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: 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. N/A B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) C. Enter new mailing address, if applicable: N/A (Mailing address MAY BE A POST OFFICE BOX) 1 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:

(City)

New Registered Agent's Signature, if changing Registered Agent:

Name of New Registered Agent:

New Registered Office Address:

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

N/A

(Florida street address)

, Florida

(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>	<u>Name</u>	<u>Address</u>	Type of Action
Dir	Andres Aramburo	3400 SW 111 Avenue Miami, FL 33165	
<u>Dir</u>	Gary Bruscia, Jr.	9762 SW 190 Street Miami, FL33157	
Sec	Eduardo Rodriguez	10120 SW 99 Avenue Miami, FL 33155	✓ Add C Remove
E. If ame (attach N/A	nding or adding additional Articles, additional sheets, if necessary). (Be	enter change(s) here: specific)	
	· · · · · · · · · · · · · · · · · · ·		

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	<u>Address</u>	Type of Action
Dir	Guillermo Cruz	7395 Waterway Drive Miami, FL 33165	☑ Add □ Remove
<u>Dir</u>	Roderick McFadden	11310 SW 153 Street Miami, Fl 33157	_
<u>Dir</u>	Roy Shakes	15115 SW 153 Avenue Miami, FL 33196	
Dir	Hassien Branch	9024 SW 214 Street Miami, FL 33189	
Sec	Marcus Acosta	22900 SW 154 Avenue Miami, Fl 33157	□ Add □ ☑ Remove
			□ Add □ □ Remove

The date of each amendmen	t(s) adoption: July 1, 2009
Effective date <u>if applicable</u> :	(date of adoption is required)
• `	(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 Aug	ust 13, 2009
Signature	Bruco O. Klesy
(By	the chairman or vice chairman of the board, president or other officer-if directors re not been selected, by an incorporator – if in the hands of a receiver, trustee, or er court appointed fiduciary by that fiduciary)
	Bruce O. Klepp
	(Typed or printed name of person signing)
	President
	(Title of person signing)

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