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February 2, 1999

Department of State
Bureau of Corporate Records
P.O. Box 6327
Tallahassee, Florida 32314

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-02/09/99-01011-010
*****35.00 *****35.00

Re: Mt. Kenya Lodge, Inc.

Dear Sir/Madam:


Enclosed please find a Certificate of Amendment to the Articles of Incorporation of Mt. Kenya Lodge, Inc.

I have enclosed a check in the amount of \$35.00 representing your fee for filing same.

Should you have any questions, please feel free to contact me. Thank you very much for your attention to this matter.

Sincerely,

LEWIS R. COHEN, P.A.


Maria E. Lopez, Paralegal to
Lewis R. Cohen, Esquire

/ml
Enclosures
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NC
FEB 12 1999

FILED
99 FEB -9 PM 4:54
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CERTIFICATE OF AMENDMENT TO THE
ARTICLES OF INCORPORATION OF
MT. KENYA LODGE, INC.

FILED
99 FEB -9 PM 4:54
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

WE, the undersigned, being all of the Shareholders and Directors of **MT. KENYA LODGE, INC.**, a Florida corporation, do hereby certify that a Special Meeting of the Shareholders and Directors held on January 1, 1999, duly and regularly called and held in accordance with the provisions of the Florida Statutes and of the By-Laws of **MT. KENYA LODGE, INC.**, at which meeting a quorum was present and acted throughout, the following resolution was duly adopted:

RESOLVED, that Article I of the Articles of Incorporation shall be hereby deemed amended in its entirety to read as follows:

The name of the Corporation shall be:

MT. KENYA, INC.

IN WITNESS WHEREOF, I have set my hand and seal of the corporation this 1 day of February, 1999.

MT. KENYA LODGE, INC.
a Florida corporation

WITNESSES:

[Signature]
Signature of witness

Print Name: Levin Cohen

By: [Signature]
Linda Stein Fraynd

[Signature]
Signature of witness

Print Name: Vivian Castillo

STATE OF FLORIDA }
 }SS:
COUNTY OF DADE }

The foregoing instrument was acknowledged before me this 1 day of February, 1999, by **Linda Stein Fraynd**, President of **Mt. Kenya Lodge, Inc.**, a Florida corporation, on behalf of the corporation and that he is personally known to me or has produced _____ as identification.

[Signature]
NOTARY PUBLIC, STATE OF FLORIDA

Printed name of notary:
Commission Number:
Commission Expires:

