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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	RATION: Children In Ne	ed Inc			
DOCUMENT NUME	BER: n03000008918		,		
The enclosed Articles	of Amendment and fee are sul	omitted for fi	ling.		
Please return all corres	spondence concerning this mat	ter to the fol	lowing:		
		a Watkins			<u>.</u>
	(Name of	Contact Per	son)		
- Mary - and a special	(Firm	n/ Company)			
	P.(D. Box 17			
	(,	Address)		,	
		laga FI 327 te and Zip C			
	, ,	·			
	E-mail address: (to be use	@hotmail.c	annual report	notification)	
For further information	n concerning this matter, pleas	e call:		•	
Hector Ortega		at (2	216) 21	0-4475	
(Name o	of Contact Person)	(Area Code &	Daytime Te	lephone Number)
Enclosed is a check for	r the following amount made p	payable to the	Florida Depa	artment of St	tate:
☑\$35 Filing Fee	□ \$43.75 Filing Fee & Certificate of Status	Certified	75 Filing Fee & I Copy onal copy is d)	C C (4	1 \$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 Se Division of Co Clifton Buildin 2661 Executive	<u>s</u> ection rporations g	·

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of



Children In Need Inc

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

n03000008918

(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:

	Los Ninos Ir		
ne new name must be distinguishable and c breviation "Corp." or "Inc." <u>"Company" o</u>			icorporatea or the
B. Enter new principal office address, if ap (Principal office address MUST BE A STRE		707 E New St	
incipal office address <u>invost BE A STREE</u>	ADDRESS)	Deland FI	
		32724	
Enter new mailing address, if applicable (Mailing address MAY BE A POST OFFI		P.O. Box 17	
		Cassadaga FI	····
If amending the registered agent and/or a	registered offic	32706	nter the name of the
If amending the registered agent and/or new registered agent and/or the new registered Agent:		32706 e address in Florida, e	nter the name of the
new registered agent and/or the new regi	stered office ac	32706 e address in Florida, e	nter the name of the
new registered agent and/or the new regi	stered office ac	32706 e address in Florida, e dress:	, Florida
<u>Name of New Registered Agent:</u>	stered office ac	32706 e address in Florida, e dress: rida street address) (City)	

Page 1 of 3

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>Address</u> **Type of Action** <u>Title</u> <u>Name</u> ☐ Add ☐ Remove ☐ Remove _ 🔲 Add ☐ Remove E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific)

The date of each amendment(s) adoption: 5/1/2009					
Effective date <u>if applicable</u> :	5/1/2009				
	(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	re adopted by the members and the number of votes cast for the amendment(s) roval.				
There are no members or adopted by the board of dis	members entitled to vote on the amendment(s). The amendment(s) was/were rectors.				
Dated 5/1/2	2009				
Signature					
(Ву	the chairman or vice chairman of the board, president or other officer-if directors				
	e not been selected, by an incorporator if in the hands of a receiver, trustee, or court appointed fiduciary by that fiduciary)				
	Hector Ortega				
	(Typed or printed name of person signing)				
	President				
	(Title of person signing)				

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