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Division of Corporations.	•
NAME OF CORPORATION: Klarynz	Corporation
DOCUMENT NUMBER: NO 500 00	00/883
The enclosed Articles of Amendment and fee are submitted	d for filing.
Please return all correspondence concerning this matter to	the following:
C/AR	ENCE ST-HiLAIRE ne of Contact Person)
\sim	me of Contact Person) We Corporation (Firm/ Company)
	(Firm/ Company)
18126 N.W. 89th Court	
Miami Lakes,	(Address) Florida 33018 State and Zip Code)
	Vistate and Zip Code) Village Com Uture annual report notification)
For further information concerning this matter, please call:	
CLARENCE ST. HILAIRE	at (786) 2675236
(Name of Contact Person)	(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 & □ \$4 Certificate of Status Certified Co (A: enclosed)	opy Certificate of Status dditional copy is Certified Copy (Additional Copy is
	enclosed)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327	Street Address Amendment Section Division of Corporations Clifton Building

Tallahassee, FL 32314

Clifton Building
2661 Executive Center Circle Tallahassee, FL 32301



Because you need Help!

December 15, 2011

Florida Department of State Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

To whom it may concern:

Enclosed please find the articles of Amendment to Articles of Incorporation of Klarynz Corporation, amending its name, per unanimous adoption of its board, effective December 15, 2011

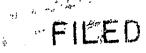
Sincerely,

Clarence St. Hilaire, MPA.

President

Articles of Amendment to

Articles of Incorporation



Klarynz Corporation	2012 FEB -6 PM 4: 30
(Name of Corporation as currently filed with the Florida Dept. of State)	SECRETARY OF STATE
N 0500000 1883	SECRETARY OF STATE
(Document Number of Corporation (if known)	A. Tri

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		
Positive Action lo	mounity Center, I	nc.
name must be distinguishable and contain	the word "corporation" or "incorpo	rated" or the abbreviation "Corp." or '
"Company" or "Co." may not be used in a	the name.	
B. Enter new principal office address, if		
(Principal office address <u>MUST BE A ST</u>	<u>REET ADDRESS</u>)	
C. Enter new mailing address, if applications		
(Mailing address <u>MAY BE A POST O</u>	<u>FFICE BOX</u>)	
		
		
D. If amending the registered agent and		rida, enter the name of the
new registered agent and/or the new	registered office address:	
Name of New Registered Agent:		
the state of the s		
1000	(Florida street addres	<i>(s)</i>
<u>New Registered Office Address:</u>		
		, Florida
·	(Citv)	(Zip Code)
	•	
New Registered Agent's Signature, if cha		
I hereby accept the appointment as register	red agent. I am familiar with and ac	cept the obligations of the position.
Clare	ature of New Registered Agent, if cha	mαina
Nan		

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: X Change	PT	John Doe	
X.Remove	<u>V</u>	Mike Jones	
<u>X</u> Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change Add Remove			
2) Change Add Remove			
3) Change Add Remove			
4) Change Add Remove	<u> </u>		
5) Change Add Remove			
6) Change Add Remove			

E.	f amending or adding additional Articles, enter change(s) here:						
	(attach additional sheets, if necessary).	(Be specific)					
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The date of each amendment(s)	adoption: 12/15/2011
Effective date if applicable:	12/15/2011
	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/were was/were sufficient for appro	adopted by the members and the number of votes cast for the amendment(s) oval.
There are no members or men adopted by the board of direct	mbers entitled to vote on the amendment(s). The amendment(s) was/were ctors.
Dated Color	12/15/2011
(By the cha	airman or vice chairman of the board, president or other officer-if directors been selected, by an incorporator – if in the hands of a receiver, trustee, or rt appointed fiduciary by that fiduciary)
C	LARENCE ST. HILAIRE
	(Typed or printed name of person signing) Hosiclent
	(Title of person signing)