



Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 617-6380

From:

Account Name : M & M ASSOCIATES
Account Number : I20100000034
Phone : (305) 698-8171
Fax Number : (305) 698-8172

And

OCT 16 2015

15 OCT 15 PM 2:40

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.**

Email Address: m.parr@mmassociatesg.com.

COR AMND/RESTATE/CORRECT OR O/D RESIGN
ARMS OF LOVE CHARITIES, INC.

Certificate of Status	0
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Corporate Filing Menu

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COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: ARMS OF LOVE CHARITIES INC

DOCUMENT NUMBER: N05000005578

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

MARIEL PARRA

(Name of Contact Person)

M & M ASSOCIATES

(Firm/ Company)

2350 WEST 84 STREET SUITE 7

(Address)

HIALEAH FL 33016

(City/ State and Zip Code)

M.PARRA@MMASSOCIATESG.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MARIEL PARRA

305-698-8171

(Name of Contact Person)

at

(Area Code) (Daytime Telephone Number)

Enclosed is a check for the following amount made payable to the Florida Department of State:

- | | | | |
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| <input checked="" type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &
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Certificate of Status
Certified Copy
(Additional Copy is
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Mailing Address
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Oct. 15. 2015 8:35AM

M & M ASSOCIATES GROUP CORP

No. 1796 P. 3

Articles of Amendment
to
Articles of Incorporation
of

15 OCT 15 AM 9:07

ARMS OF LOVE CHARITIES INC

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

N03000005378

(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.

B. Enter new principal office address, if applicable:
(Principal office address **MUST BE A STREET ADDRESS**)

C. Enter new mailing address, if applicable:
(Mailing address **MAY BE A POST OFFICE BOX**)

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:

Name of New Registered Agent:

New Registered Office Address:

(Florida street address)

(City)

, Florida

(Zip Code)

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

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

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:

<input checked="" type="checkbox"/> Change	<u>PT</u>	<u>John Doe</u>
<input checked="" type="checkbox"/> Remove	<u>V</u>	<u>Mike Jones</u>
<input checked="" type="checkbox"/> Add	<u>SV</u>	<u>Sally Smith</u>

<u>Type of Action</u> (Check One)	<u>Title</u>	<u>Name</u>	<u>Address</u>
1) <input type="checkbox"/> Change	<u>VP</u>	<u>JESUS MARTINEZ</u>	<u>8833 NW 107 STREET</u>
<input type="checkbox"/> Add			<u>HIALEAH GARDENS</u>
<input checked="" type="checkbox"/> Remove			<u>FL 33018</u>
2) <input checked="" type="checkbox"/> Change	<u>C</u>	<u>EDGAR R ORDONEZ</u>	<u>8833 NW 107 STREET</u>
<input type="checkbox"/> Add			<u>HIALEAH GARDENS</u>
<input type="checkbox"/> Remove			<u>FL 33018</u>
3) <input checked="" type="checkbox"/> Change	<u>COO</u>	<u>ISABELLE MUSSEB</u>	<u>8833 NW 107 STREET</u>
<input type="checkbox"/> Add			<u>HIALEAH GARDENS</u>
<input type="checkbox"/> Remove			<u>FL 33018</u>
4) <input type="checkbox"/> Change	<u>VC</u>	<u>CARLOS LICONA</u>	<u>8833 NW 107 STREET</u>
<input checked="" type="checkbox"/> Add			<u>HIALEAH GARDENS</u>
<input type="checkbox"/> Remove			<u>FL 33018</u>
5) <input type="checkbox"/> Change	<u>CFO</u>	<u>MARIEL D PARRA</u>	<u>8833 NW 107 STREET</u>
<input checked="" type="checkbox"/> Add			<u>HIALEAH GARDENS</u>
<input type="checkbox"/> Remove			<u>FL 33018</u>
6) <input type="checkbox"/> Change	<u>CMO</u>	<u>RICHARD FIFER</u>	<u>8833 NW 107 STREET</u>
<input checked="" type="checkbox"/> Add			<u>HIALEAH GARDENS</u>
<input type="checkbox"/> Remove			<u>FL 33018</u>

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:

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Example:

<input checked="" type="checkbox"/> Change	<u>PT</u>	<u>John Doe</u>
<input checked="" type="checkbox"/> Remove	<u>V</u>	<u>Mike Jones</u>
<input checked="" type="checkbox"/> Add	<u>SV</u>	<u>Sally Smith</u>

Type of Action (Check One)	Title	Name	Address
7) <input type="checkbox"/> Change	<u>CMO</u>	<u>RAFAEL DISLA</u>	<u>8833 NW 107 STREET</u>
<input checked="" type="checkbox"/> Add			<u>HIALEAH GARDENS</u>
<input type="checkbox"/> Remove			<u>FL 33018</u>
8) <input type="checkbox"/> Change	<u> </u>	<u> </u>	<u> </u>
<input type="checkbox"/> Add			<u> </u>
<input type="checkbox"/> Remove			<u> </u>
9) <input type="checkbox"/> Change	<u> </u>	<u> </u>	<u> </u>
<input type="checkbox"/> Add			<u> </u>
<input type="checkbox"/> Remove			<u> </u>
10) <input type="checkbox"/> Change	<u> </u>	<u> </u>	<u> </u>
<input type="checkbox"/> Add			<u> </u>
<input type="checkbox"/> Remove			<u> </u>
11) <input type="checkbox"/> Change	<u> </u>	<u> </u>	<u> </u>
<input type="checkbox"/> Add			<u> </u>
<input type="checkbox"/> Remove			<u> </u>
12) <input type="checkbox"/> Change	<u> </u>	<u> </u>	<u> </u>
<input type="checkbox"/> Add			<u> </u>
<input type="checkbox"/> Remove			<u> </u>

No. 1796 P. 6

[illegible]

The date of each amendment(s) adoption: 09/23/2015, if other than the date this document was signed.

Effective date if applicable: 09/23/2015
(no more than 90 days after amendment file date)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Adoption of Amendment(s) (CHECK ONE)

- ☒ The amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s) was/were sufficient for approval.
- ☐ There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors.

Dated 10/6/15
Signature Edgar Ordóñez
(By the chairman or vice chairman of the board, president or other officer-if directors have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)

Edgar Ordóñez
(Typed or printed name of person signing)

President / Chairman
(Title of person signing)