195000749

(Re	equestor's Name)	
(Ac	ldress)	
(Ac	idress)	
(Ci	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

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N. C. Proposed



COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: The Mary Eller	n and Pe	eter Van Lai	re Foundatio	n, Inc
DOCUMENT NUM	BER: N5000007497				
The enclosed Articles	of Amendment and fee are sub	mitted for f	iling.		
Please return all corre	spondence concerning this matt	er to the fo	llowing:		
		/ Van Lar			
	(Name of	Contact Pe	rson)		
	(Firm	/ Company)		
	9140 D	emaret Co	ourt		
	(4	Address)			
		, FL 3465			
	(City/ Stat	te and Zip C	Jodes		
	Mary@ E-mail address: (to be used	MJCare.o		otification)	-
For further informatio	n concerning this matter, please	e call:			
Mary Van Lare		at (800 351	-1006	
(Name	of Contact Person)		(Area Code & D	Daytime Telephor	ie Number)
Enclosed is a check fo	r the following amount made p	ayable to th	ie Florida Depar	tment of State:	
☑\$35 Filing Fee	☐ \$43.75 Filing Fee & Certificate of Status	Certifie	,	Certific Certifie	onal Copy
Amen Divisi P.O. E	ng Address dment Section on of Corporations lox 6327 \ assee, FL 32314		Street Address Amendment Sec Division of Corp Clifton Building 2661 Executive Tallahassee, FL	oorations Center Circle	

Articles of Amendment Articles of Incorporation



The Mary Ellen and Peter Van lare Foundation, Inc.

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

N5000007497

(Document Number of Corporation (if known)

The M	J Care Foundat	tion, Inc	_
ne new name must be distinguishable and obreviation "Corp." or "Inc." <u>"Company</u>			corporated" or the
Enter new principal office address, if a principal office address <u>MUST BE A STR</u>			
Enter new mailing address, if applica (Mailing address MAY BE A POST OF		2756 N Green Va	lley PKWY
		#905	
		Henderson, NV 89	9014
. If amending the registered agent and/onew registered agent and/or the new r			nter the name of th
Name of New Registered Agent:	-14		
Name of New Registered Agent: New Registered Office Address:	(Flo	rida street address)	
	(Flo		, Florida
	(Flo	rida street address) (City)	, 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>	Address	Type of Action
			— ~
E. If amer	nding or adding additional Ar additional sheets, if necessary).	ticles, enter change(s) here: (Be specific)	

The date of each amendment	(s) adoption: November 30, 2010
,	(date of adoption is required) November 30, 2010
	(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 di	members entitled to vote on the amendment(s). The amendment(s) was/were rectors.
Dated	12/13/10
Signature	manyVanlace
hav	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 er court appointed fiduciary by that fiduciary)
	(Typed or printed name of person signing)
	Founder, CEO (Title of person signing)

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