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SECRETARY OF STATE

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: La Respectab	le Loge	La M	editation	ı,lnc.
DOCUMENT NUM	BER: N06000003809				<u> </u>
The enclosed Articles	s of Amendment and fee are sub	omitted fo	r filing.		
Please return all corre	espondence concerning this mat	ter to the	following	:	
	· · · · · · · · · · · · · · · · · · ·	Monde			
	(Name of	Contact I	Person)		
	La Respectable l	Loge La	Meditat	ion, Inc.	
	(Firm/ Company)				
	18342 NW 44TH PL.				
(Address)					
	MIAMI GAR	DENS ,I	FL. 330	55	
	(City/ Sta	ite and Zip	Code)		
		lith@aol			
	E-mail address: (to be use	ed for futu	re annual	report noti	fication)
For further information	on concerning this matter, pleas	e call:			
Allin Mondesir		at (305) 624-4	405
(Name	of Contact Person)		(Area	Code & Da	405 ytime Telephone Number)
Enclosed is a check for	or the following amount made p	oayable to	the Flori	da Departn	nent of State:
□\$35 Filing Fee	☐ \$43.75 Filing Fee & Certificate of Status	Certi (Add	3.75 Filing fied Copy itional copy osed)	1	☑ \$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Amer Divis P.O.	ng Address Indment Section Indicate the section of Corporations Box 6327 Indicate FL 32314		Amend Division Clifton	Address Iment Section of Corpor Building	on rations

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation

FILED
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SECRETARY OF STA

of	SECRE YAR.	O PM 2:2
La Respectable Loge La Meditaton, Inc.	TELAHASSE	F ESTATE
 (Name of Corporation as currently filed with the Florida Dept.	of State)	- FLORIDA
N0600003809		
(Document Number of Corporation (if known)		

A. If amending name, enter the new name of the corporation	on:		
Grande Loge Mixte De Fl			
The new name must be distinguishable and contain the word abbreviation "Corp." or " Inc." <u>"Company" or "Co." may no</u>	d "corporation" or "incorporated" or the ot be used in the name.		
B. Enter new principal office address, if applicable:	674 NW 62ND STREET		
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	MIAMI, FL. 33150-4256		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	18342 NW 44TH PL.		
	MIAMI GARDENS, FL. 33055		
Th. Te	e address in Florida, enter the name of th		
new registered agent and/or the new registered office ad			
new registered agent and/or the new registered office ad Name of New Registered Agent:			
new registered agent and/or the new registered office ad Name of New Registered Agent:	rida street address)		
new registered agent and/or the new registered office ad Name of New Registered Agent:	rida street address)		
New Registered Agent's Signature, if changing Registered Agent	rida street address) , Florida (City) (Zip Code) Agent:		
new registered agent and/or the new registered office ad Name of New Registered Agent:	rida street address) , Florida (City) (Zip Code) Agent:		

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>	<u>Address</u>	Type of Action
			Remove
			
E. If amendatach a	ding or adding additional Articl dditional sheets, if necessary).	es, enter change(s) here: Be specific)	
		······································	

The date of each amendmen	t(s) adoption: october 10, 2009
Effective date <u>if applicable</u> :	(date of adoption is required) December 10, 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	ere adopted by the members and the number of votes cast for the amendment(s) proval.
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.
Signature _ (By hav	the chairman or vice chairman of the board, president or other officer-if directors on the been selected, by an incorporator – if in the hands of a receiver, trustee, of the court appointed fiduciary by that fiduciary)
	Allin Mondesir
	(Typed or printed name of person signing)
	Executive Director
	(Title of person signing)