NO 7000000570

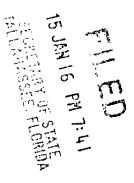
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(RM 1-21-15

TO: Amendment Section Division of Corporations

AFRICAN ARTIFACTS MUSE

N07000000570

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

Please return all correspondence concerning this matter to the following:

CYNTHIA BAILEY

(Name of Contact Person)

AFRICAN ARTIFACTS MUSEUM, INC

(Firm/ Company)

PO BOX 3452

(Address)

PLANTCITY, FL 33563-0008

(City/ State and Zip Code)

CXBAILEY@ICLOUD.COM

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

For further information concerning this matter, please call:

CYNTHIA BAILEY

(Name of Contact Person)

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

■ \$35 Filing Fee □\$43.75 Filing Fee & □\$43.75 Filing Fee &

□\$52.50 Filing Fee Certificate of Status

Certificate of Status

Certified Copy

Certified Copy

(Additional copy is enclosed)

(Additional Copy is

Enclosed)

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

Articles of Amendment to Articles of Incorporation of

SECRETARY OF STATE
ALLAMASSEE, FLORIDA

AFRICAN ARTIFACTS MUSEUM, INC

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

N07000000570

(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:

name must be distinguishable and contain the		on" or "incorporat	ed" or the abbrevi	The ration "Corp." or "In
"Company" or "Co." may not be used in the	name.			
B. Enter new principal office address, if a (Principal office address MUST BE A STRE				
(Frincipal office address MOST BE ASTRE	<u>LEI ADDKESS</u>)			
C. Enter new mailing address, if applicab (Mailing address MAY BE A POST OF)				
	<u>102</u>			
				
D. If amending the registered agent and/or	r registered office	address in Florid	a, enter the name	of the
new registered agent and/or the new re	gistered office ad	ldress:		
Name of New Registered Agent:				
Name of New Registered Agent:				
		Florida street addressj		
Name of New Registered Agent: New Registered Office Address:				
	(-		, Florida	
				(Zip Code)

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

E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific)
ARTICLE III-
Said organization is organized for charitable, religious,
education, and scientific purposes, including, for such
purposes, the making of distributions to organizations that
qualify as exempt organizations under 501(c)(3) of the
Internal Revenue Service Code, or corresponding section
of any future federal tax code.
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· · · · · · · · · · · · · · · · · · ·

The date of each amendment(s) ad-	option: 01-08-2015	. if other than the
date this document was signed.		,
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were adwas/were sufficient for approval	opted by the members and the number of votes cast for the amendment(s)	
There are no members or memb adopted by the board of director	ers entitled to vote on the amendment(s). The amendment(s) was/were rs.	
Dated 01-08-	thia Bailey	
have not bee	nan or vice chairman of the board, president or other officer-if directors in selected, by an incorporator – if in the hands of a receiver, trustee, or ppointed fiduciary by that fiduciary)	
CYNTHIA	BAILEY	
	Typed or printed name of person signing)	
PRESIDE	:NT	
	(Title of person signing)	