_N07000001275_

_____
(Requestor's Name)

_____
(Address)

_____
(Address)

_____
(City/State/Zip/Phone #)

☐ PICK-UP   ☐ WAIT   ☐ MAIL

_____
(Business Entity Name)

_____
(Document Number)

Certified Copies _____   Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only

400180207564

05/06/10--01029--017 **35.00

2010 MAY -6 AM 2:34

FILED

Apr H

5/10/10

<u>COVER LETTER</u>

TO: Amendment Section
     Division of Corporations

NAME OF CORPORATION: Diaspo Family Relief Inc.

DOCUMENT NUMBER: N07000001275

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

Please return all correspondence concerning this matter to the following:

_____James Leger_____
(Name of Contact Person)

_____
(Firm/ Company)

_____2475 Mercer Ave, Suite 104_____
(Address)

_____West Palm Beach, FL 33401_____
(City/ State and Zip Code)

_____Infojames@hotmail.com_____
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

_____James Leger_____ at (561) 891-6763
(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 &   ☐ $43.75 Filing Fee &   ☑ $52.50 Filing Fee
                 Certificate of Status   Certified Copy   Certificate of Status
                                      (Additional copy is   Certified Copy
                                      enclosed)   (Additional Copy
                                                              is enclosed)

Mailing Address   **Street Address**
Amendment Section   Amendment Section
Division of Corporations   Division of Corporations
P.O. Box 6327   Clifton Building
Tallahassee, FL 32314   2661 Executive Center Circle
                                                  Tallahassee, FL 32301

Articles of Amendment
to
Articles of Incorporation
of

Ditsp Family RoliFe, INC.

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

N07000001275

(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)

                                          _____, Florida_____
                                          (City)   *(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

Page 1 of 3

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)

Title	Name	Address	Type of Action
Sec.	Edner Saintil	Delmas 18, Rue Sans Fil, Impasse Poupette Numero 18, Port au Prince, Haiti	☑ Add ☐ Remove
TD	Robenson Bernard	5, clercine 8, Tabarre, Port au Prince, Haiti	☑ Add ☐ Remove
VD	Wilter Leger	11, clercine 8, Tabarre, Port au Prince, Haiti	☑ Add ☐ Remove

E. **If amending or adding additional Articles, enter change(s) here:**
(attach additional sheets, if necessary).   (Be specific)

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

The date of each amendment(s) adoption: _____ *4-19-10* _____

(date of adoption is required)

Effective date **if applicable:** _____

(no more than 90 days after amendment file date)

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_____ *4-19-10* _____

Signature *James Leger* _____

(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)

James Leger
(Typed or printed name of person signing)

PCD
(Title of person signing)