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SECRETARY OF STATE TALL AHASSEE, FLORIDA

FILED

N.C.

C. Coulliste SEP 2: 5:2007

### **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPORATION: NATIONAL	INSTITUTE OF HOSPITALITY INC.	
DOCUMENT NUMBER: <u>N070000089</u> 2	5	
The enclosed Articles of Amendment and fee		
•	_	
Please return all correspondence concerning t	his matter to the following:	
Sharlene Humm		
	Contact Person)	
(Ein)	N/Company)	
(Firm/ Company)		
4625 SW 31 Drive		
0	Address)	
West Park FI 33023		
(City/ Sta	te and Zip Code)	
For further information concerning this matter	r, please call:	
Sharlene Humm	at ( 954 ) 237-3101	
(Name of Contact Person)	(Area Code & Daytime Telephone Number)	
Enclosed is a check for the following amount:		
✓ \$35 Filing Fee  \$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & S52.50 Filing Fee Certified Copy (Additional copy is enclosed)  \$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	
Mailing Address	Street Address	
Amendment Section Division of Corporations	Amendment Section Division of Corporations	
P.O. Box 6327	Clifton Building	
Tallahaccae El 32314	2661 Evacutive Center Circle	

Tallahassee, FL 32301

## APPROVEL AND FILED

#### Articles of Amendment to Articles of Incorporation of

#### NATIONAL INSTITUTE OF HOSPITALITY INC.

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

N07000008925

(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:

#### NEW CORPORATE NAME (if changing):

National Institute of Hospitality Medicine Inc.

(must contain the word "corporation," "incorporated," or the abbreviation "corp." or "inc." or words of like import in language; "Company" or "Co." may <u>not</u> be used in the name of a not for profit corporation)

AMENDMENTS ADOPTED- (OTHER THAN NAME CHANGE) Indicate Article Number(s) and/or Article Title(s) being amended, added or deleted: (BE SPECIFIC)			
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The date of adoption of the amendment(s) was:		
Adoption of Amendment(s)	(CHECK ONE)	
	s (were) adopted by the members and the number of votes cast sufficient for approval.	
	or members entitled to vote on the amendment. The ere) adopted by the board of directors.	
have not been select	vice chairman of the board, president or other officer- if directors ted, by an incorporator- if in the hands of a receiver, trustee, or d tiduciary, by that fiduciary.)	
Rev. Dr. Rams	sey Saffouri	
(Турс	d or printed name of person signing)	
President		
	(Title of person signing)	

FILING FEE: \$35