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SECRETARY OF STATE
TALL AHASSEE FLORIDA

Octobrang John

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: DOMINICAN TEAM FOR DREAMS, INC			
DOCUMENT NUMBER: NOS OCIOCO 191			
The enclosed Articles of Amendment and fee are submitted for filing.			
Please return all correspondence concerning this matter to the following:			
ROSER PETTER (Name of Contact Person)			
DOMINICAN TEAM FOR ORFANS, INC (Firm/Company)			
5000 CULBREATH KET WAY #9-310 (Address)			
TAMBA FL 33611 (City/State and Zip Code)			
For further information concerning this matter, please call:			
ROSER PETTE at (813) 335-6545 (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 Certificate of Status \$43.75 Filing Fee & Certified Copy Certificate of Status (Additional copy is enclosed) \$52.50 Filing Fee & Certificate of Status (Additional copy is enclosed) (Additional Copy is enclosed)			
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center Circle			

Tallahassee, FL 32301

Articles of Amendment

to

Articles of Incorporation of

DOMINICAN TEAM FOR DREAMS	INC.
(Name of Corporation as currently filed with t	
NO800000191	
(Document Number of Corporation	on (if known)
Pursuant to the provisions of section 617.1006, Florida Statutes, the following amendment(s) to its Articles of Incorporation:	this Florida Not For Profit Corporation adopts
A. If amending name, enter the new name of the corporation	<u>ı:</u>
THE TAMPA BAY FREE KIDZ S	TORE INC
The new name must be distinguishable and contain the word abbreviation "Corp." or "Inc." <u>"Company" or "Co." may not</u>	"corporation" or "incorporated" or the <u>be used in the name</u> .
B. <u>Enter new principal office address, if applicable:</u> (Principal office address <u>MUST BE A STREET ADDRESS</u>)	5000 CULBREATH KEY WAY 9-310
C. Enter new mailing address, if applicable:	SECRETARY TAMPA FL. 33611 HASSE
(Mailing address <u>MAY BE A POST OFFICE BOX</u>)	AM IO: 08 UF STATE FLORIDA
D. If amending the registered agent and/or registered office new registered agent and/or the new registered office add	
	CPETTEE
New Registered Office Address: (Florid	BREATH WAY #9-310 da street address)
TAMPA	FL , Florida 3361 / (City) (Zip Code)
New Registered Agent's Signature, if changing Registered Agent I hereby accept the appointment as registered agent. I amposition.	gent: familiar with and accept the obligations of the
X	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) <u>Title</u> <u>Name</u> Address Type of Action _ 🗖 Add □ Remove Remove ☐ 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: 3 - 9 - 200 9			
•	Effective date <u>if applicable</u> :		
	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	3-9-2009	
	Signature(This was a false hound provident on other officer if directors	
	(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, of other court appointed fiduciary by that fiduciary)		
		RUGER C PETTEZ	
		(Typed or printed name of person signing)	
		(Title of person signing)	
		(1 tile of person signing)	

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