## N08000000 984

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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPO	PRATION: Carma Found	lation, Inc	
DOCUMENT NUM	IBER: N08000000984		
The enclosed Article	s of Amendment and fee are su	bmitted for filing.	
Please return all corr	espondence concerning this ma	tter to the following:	
		ıs Magnusson	
	(Name o	f Contact Person)	
	Carm	a Foundation	
	(Fire	n/ Company)	
	7491 N Fed	leral Hwy #C5/325	
		(Address)	·
	Dana D	-to- 51 00407	•
		aton, FL 33487 ate and Zip Code)	· · · · · · · · · · · · · · · · · · ·
	(,		
		armafoundation.org ed for future annual report notific	ation)
	•	•	union)
For further informati	on concerning this matter, pleas	se call:	,
Marcus Magnuss	on	at ( 561 ) 843-081	12
<del></del>	of Contact Person)	ut \	me Telephone Number)
Enclosed is a check f	or the following amount made p	payable to the Florida Departmen	t of State:
☑ \$35 Filing Fee	☐ \$43.75 Filing Fee & Certificate of Status	☐ \$43.75 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	is enclosed)
	ndment Section	Amendment Section	
	ion of Corporations	Division of Corporation Clifton Building	ons
P.O. Box 6327 Tallahassee, FL 32314		2661 Executive Cente	r Circle

Tallahassee, FL 32301

## **Articles of Amendment** to

Articles of Incorpo of	oration	10 FEB 18 AKE
Carma Foundation	Inc.	
(Name of Corporation as currently filed with	the Florida	Dept. of State)
N08000000984		STATE FLORIES
(Document Number of Cornorat	tion (if know	m) ""UA

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:

	he word "corporation" or "in <u>may not be used in the name</u> .	-
Enter new principal office address, if applicable:		Blvd
rincipal office address <u>MUST BE A STREET ADDI</u>	Suite 904	
	Fort Lauderdale,	FL 33304
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX	1111 E Sunrise B	lvd
	Suite 904	
	Fort Lauderdale, I	FL 33304
<u>Name of New Registered Agent:</u>	ilice address;	<del></del>
New Registered Office Address:	(Florida street address)	<del></del>

## If amending the Officers and/or Directors, enter the title and name of each officer/director being temoyed 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
Secret	Marcus Magnusson	5715 NE Verde Cir Boca Raton, FL 33487	□ Add ☑ Remove
Tresur	Marcus Magnusson	5715 NE Verde Cir Boca Raton, FL 33487	☑ Add □ Remove
Presid	Blandinna Jean	1111 E Sunrise Blvd # 904 Fort Lauderdale, FL 33304	☑ Add □ Remove
(attach a	ding or adding additional Articles, end dditional sheets, if necessary). (Be spe Blandinne Jean (name misspelle	ecific)	th Street, Fort Laud
	address on Carl Harte. 1111 E S		ordale, FL 33304
Remove -	old address 424 SW 9th Street, I	Fort Lauderdale	<del></del>
<del>•</del>	,		
			·
77474			
			-
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	PROBLEM	,	
· ······ · · · · · · · · · · · · · · ·			

The date of each amendmen	nt(s) adoption: 02/01/2010
• •	(date of adoption is required)
Effective date <u>if applicable</u> :	
	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/w was/were sufficient for ap	rere 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 d	members entitled to vote on the amendment(s). The amendment(s) was/were lirectors.
Dated 02/	01-2010
<u> </u>	1155
Signature _	
(B ha	y the chairman or vice chairman of the board, president or other officer-if directors we not been selected, by an incorporator — if in the hands of a receiver, trustee, of her court appointed fiduciary by that fiduciary)
	Marcus Magnusson
	(Typed or printed name of person signing)
	Secretary/Tresury
	(Title of person signing)

Page 3 of 3