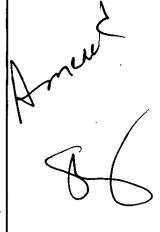
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## **COVER LETTER**

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Building Bloc	cks of life inc.	
DOCUMENT NUMBER: <u>N-08000001535</u>		
The enclosed Articles of Amendment and fee a	are submitted for filing.	
Please return all correspondence concerning th	is matter to the following:	
Abdul Q Muhammad		
(Name	of Contact Person)	
Building Blocks of life inc.		
(Fi	rm/ Company)	
4428 Lurline Cir.		
	(Address)	
Tampa Florida 33610		
(City/S	tate and Zip Code)	
For further information concerning this matter,	please call:	
Abdul Q Muhammad	at ( <u>813</u> ) <u>447-64</u>	
(Name of Contact Person)	(Area Code & Daytim	e Telephone Number)
Enclosed is a check for the following amount n	nade payable to the Florida De	partment of State:
\$35 Filing Fee \$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 Filing Fee Certificate of Status Certified Copy (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 C Tallahassee, FL 32301	

## Articles of Amendment to Articles of Incorporation of

FILED
2008 DEC -3 PM 4: 46
TALLAR ANY OR STU-

Building blocks of	life Inc	TALLEMAY
(Name of Corporation as currently filed with		State)
N-08000001	525	
(Document Number of Corporat		
·	,	
Pursuant to the provisions of section 617.1006, Florida Statutes the following amendment(s) to its Articles of Incorporation:	, this <i>Florida Not For</i>	Profit Corporation adopts
A. If amending name, enter the new name of the corporation	<u>on:</u>	
same		<b></b>
The new name must be distinguishable and contain the word abbreviation "Corp." or "Inc." "Company" or "Co." may no		ncorporated" or the
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	same	
•		
C. Enter new mailing address, if applicable:	camo	
(Mailing address <u>MAY BE A POST OFFICE BOX</u> )	same	
D. If any action the assistant areas and/or registered office	address in Florida	enter the name of the
D. If amending the registered agent and/or registered office new registered agent and/or the new registered office ad		enter the name of the
Name of New Positional Access Comp		
Name of New Registered Agent: Same		
same		
New Registered Office Address: (Flor	ida street address)	
same		, Florida
•	(City)	(Zip Code)
New Registered Agent's Signature, if changing Registered A	Agent:	
I hereby accept the appointment as registered agent. I am		cept the obligations of the
position.		
<i></i>		
Signature of New	Registered Agent, if a	changing

## 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>		<u>Addre</u>	<u>88</u>	Type of Action
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	same				
	same				
(attach a	dditional sheets, The purpose	nunity. As desc	Be specific) ks of life is to p	rovide charitable	
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Effective date if applicable: 7/24/2008  (no more than 90 days after amendment file date)  Adoption of Amendment(s) (CHECK ONE)
(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( 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 11/05/2008  Signature O Mul
(By the chairman or vice chairman of the board, president or other officer-if dire have not been selected, by an incorporator – if in the hands of a receiver, trust other court appointed fiduciary by that fiduciary)
Abdul Q Muhammad  (Typed or printed name of person signing)
Executive Director (Title of person signing)

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