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SECRETARY OF STATE

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: BridgeBuilder	Community Service, Inc	<u>. </u>
DOCUMENT NUM	BER:		
The enclosed Articles	s of Amendment and fee are sub	mitted for filing.	
Please return all corre	espondence concerning this matt	ter to the following:	
		yne Horne	
	(Name of	Contact Person)	
	BridgeBuilder Ce	ommunity Service, Inc.	
	(Firm	/ Company)	
	P.O. 8	3ox 681053	
	(1	Address)	· · ·
	Orland	o, FL. 32868	
	(City/ Sta	te and Zip Code)	
<u></u>	Horned5 E-mail address: (to be use	5@yahoo.com d for future annual report notifica	ation)
For further information	on concerning this matter, please	e call:	
Dwayne Horne		at (407) 616-431	8
(Name	of Contact Person)		me Telephone Number)
Enclosed is a check f	or the following amount made p	ayable 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)
Amer Divis P.O.	ing Address Indment Section It ion of Corporations Box 6327 It hassee, FL 32314	Street Address Amendment Section Division of Corporation Clifton Building 2661 Executive Cente Tallahassee, FL 32301	r Circle

Articles of Amendment

to

Articles	of	Incor	por	ation
1		of	_	

Name of Corporation as currently filed with	the Florida Dept. of State	uias Inc
(Document Number of Corporate		
Pursuant to the provisions of section 617.1006, Florida Statutes he following amendment(s) to its Articles of Incorporation:	s, this <i>Florida Not For Pro</i>	efit Corporation adopts
A. If amending name, enter the new name of the corporation	on:	
The new name must be distinguishable and contain the word abbreviation "Corp." or "Inc." "Company" or "Co." may no		porated" or the
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		ZING HOV
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	P.O. Box 681053	SSEE. FLORESTE
	Orlando, FL. 32868	1
D. If amending the registered agent and/or registered office new registered agent and/or the new registered office ad		r the name of the
Name of New Registered Agent:		-
New Registered Office Address: (Flor	ida street address)	-
	(City)	, Florida (Zip Code)
New Registered Agent's Signature, if changing Registered A hereby accept the appointment as registered agent. I amposition.	Agent: familiar with and accept	the obligations of the
Signature of Nev	v Registered Agent, if chan	ging

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 ☐ Add ☐ Remove Remove ☐ Remove E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific) a. Said organization is organized exclusively for charitable, religious, educational, and scientific purposes, including, for such purposes, the making of distributions to organization that qualify as exempt organizations under section 501(c)(3) of the Internal Revenue Code, or corresponding section of any future federal tax code. b. Upon the dissolution of the organization, assets shall be distributed for one or more exempt purposes within the meaning of section 501(c)(3) of the Internal Revenue Code, or corresponding section of any future federal tax code, or shall be distributed to the federal government, or to a state or local government, for a public purpose. Any such assets not disposed of shall be disposed of by the Court of common pleas of the county in which the principal office of the organization is then located, exclusively for such purposes or to such organization or organizations, as said court shall determine, which are organized and operated exclusively for such purposes.

The date of each amendment(s)	adoption: November 6, 2009
	(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/were was/were sufficient for approx	adopted by the members and the number of votes cast for the amendment(s) val.
There are no members or me adopted by the board of direct	mbers entitled to vote on the amendment(s). The amendment(s) was/were tors.
have	ne chairman or vice chairman of the board, president or other officer-if directors not been selected, by an incorporator – if in the hands of a receiver, trustee, or court appointed fiduciary by that fiduciary)
	Dwayne Horne (Typed or printed name of person signing)
	CEO/President
	(Title of person signing)