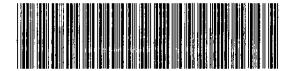
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TO: Amendment Section Division of Corporations

Tallahassee, FL 32314

NAME OF CORPORATION:	Passion	for	Living	Found	ation, Inc.
DOCUMENT NUMBER:	N0800000	<u> 541</u>	5		,,, <u>,, , , , , , , , , , , , , , , , , </u>
The enclosed Articles of Amenda	nent and fee are su	bmitted 1	for filing.		
Please return all correspondence of	concerning this ma	tter to the	e following:		
	Karla (Name o	H. f Contact	Roby Person)	·	
Passion	for Living				
1906 S.V	V. 54 A	1 <u>e</u>			
Okoech	shee, Flori (City/Sta	Address)		74	
Kshale E-mail	address: (to be use	O/, COY ed for fut)) ure annual repo	rt notificatio	n)
For further information concerning					
Karla H. Rob (Name of Contact F	erson)	at (863)_	634-8	7373 Telephone Number)
Enclosed is a check for the follow	,	oayable t	•	•	•
	Filing Fee & e of Status	Cert (Ad	43.75 Filing Fe ified Copy ditional copy is losed)		☐ \$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Address Amendment Section Division of Corpora P.O. Box 6327			Street Addr Amendment Division of C Clifton Build	Section Corporations	·- ·

2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment to **Articles of Incorporation** (Name of Corporation as currently filed with the Florida Dept. N08000005415 (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: A. If amending name, enter the new name of the corporation: The new name must be distinguishable and contain the word "corporation" or "incorporated" or the abbreviation "Corp." or "Inc." "Company" or "Co." may not be used in the name. B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address: Name of New Registered Agent: New Registered Office Address: (Florida street address) Florida (City) (Zip Code) New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position. Signature of New Registered Agent, if 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>Títle</u>	Name Adam T. Venters	Address 3730 NIII 3270 Ava	Type of Action
		3739 N.W. 32 nd Ave Okoachober, Florida 34972	Remove
D	D. Anthony Perera	P.O. Box 824023 Pembroke Pines, Florido 33082	Add Remove
			☐ Add ☐ Remove
	ding or adding additional Articles, ente dditional sheets, if necessary). (Be spec		
			,, , , , , , , , , , , , , , , , , , ,
	1971 - 19		
			· · · · · · · · · · · · · · · · · · ·

The date of each amendment(s) ad	loption: March 7 th , 2011
Effective date <u>if applicable</u> :	(date of adoption is required) MICH 7 th , 2011
	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/were ado was/were sufficient for approval.	opted by the members and the number of votes cast for the amendment(s)
There are no members or members adopted by the board of directors	ers entitled to vote on the amendment(s). The amendment(s) was/were s.
Dated Narca Signature	h 7 th , 2011
(By the cl	hairman or vice chairman of the board, president or other officer-if directors been selected, by an incorporator – if in the hands of a receiver, trustee, or rt appointed fiduciary by that fiduciary)
	(Typed or printed name of person signing)
	Director
	(Title of person signing)