N0800000680 |

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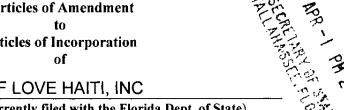
SECRETARY OF STATE

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: Acts of Love Haiti, Inc.					
DOCUMENT NUM	BER: N08000006801		<u></u>		
The enclosed Articles of Amendment and fee are submitted for filing.					
Please return all correspondence concerning this matter to the following:					
MARJORIE JOSEPH					
	(Name of Contact Person)				
	D.R.S. & ASSOC	IATES AGENCY, LLC			
(Firm/ Company)					
PO BOX 231					
(Address)					
	14/IAIDED14	EDE 5: 04700			
		ERE, FL 34786			
(City/ State and Zip Code)					
E-mail address: (to be used for future annual report notification)					
For further information concerning this matter, please call:					
LYDIE MODE		at (813)_407-0488			
(Name	of Contact Person)	(Area Code & Daytime			
Enclosed is a check for the following amount made payable to the Florida Department of State:					
	☐ \$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 Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301			

Articles of Amendment to **Articles of Incorporation**



ACTS OF LOVE HAITI, INC

(Name of Corporation as currently filed with the Florida Dept. of State)

N08000006801

(Document Number of Corporation (if known)

Pursuant to the provisions of section 617.1006, Florida Statutes, this Florida Not For Profit Corporation adopts

	F LOVE, IN		
new name must be distinguishable and conta eviation "Corp." or "Inc." <mark>"Company" or "C</mark>			corporated" or the
Enter new principal office address, if applicable: Principal office address <u>MUST BE A STREET ADDRESS</u>)	<u>ble:</u>	5717 N PINE HILLS RD	
	DDRESS)	ORLANDO, FL 32	810
nter new mailing address, if applicable:			
Aailing address <u>MAY BE A POST OFFICE</u>	BOX)		
			
			
amending the registered agent and/or regis			ter the name of the
amending the registered agent and/or regisew registered agent and/or the new register			ter the name of t
			iter the name of t
ew registered agent and/or the new register			ter the name of the
ew registered agent and/or the new register	ed office add		ter the name of the
Name of New Registered Agent:	ed office add	ress:	_
Name of New Registered Agent:	ed office add	ress:	ter the name of th
Name of New Registered Agent:	ed office add	da street address) (City)	 , Florida

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 ☐ Remove E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific) N/A

The date of each amendment(s) adoption: <u>03/14/2011</u>			
	(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 ac was/were sufficient for approva	dopted by the members and the number of votes cast for the amendment(s)		
There are no members or mem adopted by the board of directors	abers entitled to vote on the amendment(s). The amendment(s) was/were ors.		
Dated_03/14/20	011		
Signature	27/100		
have no	chairman or vice chairman of the board, president or other officer-if directors at been selected, by an incorporator – if in the hands of a receiver, trustee, or burt appointed fiduciary by that fiduciary)		
_	MYRIAM MODE		
_	(Typed or printed name of person signing)		
	DIRECTOR		
	(Title of person signing)		