N08000007196

(Re	questor's Name)	
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(Cit	y/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nar	ne)
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(Do	cument Number)	
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MC Emend, 07-30-12

COVER LETTER

TO: Amendment Section Division of Corporations	
NAME OF CORPORATION: Passion Enforts DOCUMENT NUMBER: NO 8 00000 719	ain ment Inc
DOCUMENT NUMBER: NO 8 00000 719	6
The enclosed Articles of Amendment and fee are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
Coren Jerewiak (Name of Contact Person)	
(Firm/ Company)	
11184 Lake would Pointe Drive (Address)	e. Ast 204
Seffice, Florida 33584 (City/ State and Zip Code)	
E-mail address: (to be used for future annual report notifie	Jahov. Com.
For further information concerning this matter, please call:	
(Name of Contact Person) at (\$13) (Area Code &	451-0048
Enclosed is a check for the following amount made payable to the Florida Departmen	nt of State:
Certificate of Status Certified Copy (Additional copy is enclosed)	52.50 Filing Fee Certificate of Status Certified Copy Additional Copy is Enclosed)
Mailing AddressStreet AddrAmendment SectionAmendmentDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildTallahassee, FL 323142661 ExecutTallahassee,Tallahassee,	Section Corporations ling ive Center Circle

Articles of Amendment to Articles of Incorporation

Passiun Enterta	ail mment.	Tric		
(Name of Corporation as currently file		ept. of State)		
N0800000 (Document Nu	7196 mber of Corporation (i	f known)		
Pursuant to the provisions of section 617.1006 amendment(s) to its Articles of Incorporation:	, Florida Statutes, this i	Florida Not For Profit	Corporation adopts the fo	bllowing
A. If amending name, enter the new name of the name must be distinguishable and contain the "Company" or "Co." may not be used in the	To bas () word "corporation" or	CUHUra / "incorporated" or the	ASSOC- OF abbreviation "Corp." or	amin Bay Inc The new "Inc."
B. Enter new principal office address, if app (Principal office address MUST BE A STREE		Pt 204	da. 33584	Ł Drive
C. Enter new mailing address, if applicable (Mailing address MAY BE A POST OFF)			Would Pointe	Brive
D. If amending the registered agent and/or new registered agent and/or the new reg			क्र क	12 JUL 27
Name of New Registered Agent:			्रा भूग जिल्ला भूग जिल्ला	E 0
New Registered Office Address:	(Florida	street address) Ei	lorida	0
***************************************	(City)		(Zip Code)	
New Registered Agent's Signature, if change I hereby accept the appointment as registered			gations of the position.	

Page 1 of 4

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)

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be <math>PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: X Change	<u>PT</u>	John Doe				
X Remove	<u>v</u>	Mike Jones				
X Add	<u>sv</u>	Sally Smith				
Type of Action (Check One)	<u>Title</u>	<u>Name</u>		Addres	s	
1)Change Add Remove	A, M CASSiste Mond	gr Jo	hn Joseph	gh 60 -orly	10 Gauble D ando Fl. 32808)rìv <u>C</u>
2) Change Add Remove	P.O	-	Danne No	elson 190	ol East Pan	's S7
Change Add Remove	MK CMarketi		ma Doi	nber P.	0 Box 720 Candy 1 Fl.	926
4) Change Add Remove						
5) Change Add Remove						
6) Change Add Remove						

 If amending or adding additional Arti (attach additional sheets, if necessary). 	(Be specific)
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And the state of t	
WF-924	
P-1 1-1 1-1 1-1 1-1 1-1 1-1 1-1 1-1 1-1	

The	date of each amendment(s) adoption:					
	Affective date if applicable:					
	(no more than 90 days after amendment file date)					
Ađo	ption of Amendment(s) (CHECK ONE)					
	The amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s) was/were sufficient for approval.					
7	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 $\frac{7-9-12}{2}$					
	Signature E. Then Botton					
	(By the chairman or vice chairman of the board, president or other officer-if directors have not been selected, by an incorporator — if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)					
	EARL ZUBERI BROWN (Typed or printed name of person signing)					
	(Typed or printed name of person signing) Arkector					
	(Title of person signing)					