## 10800008008

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SECRETARY OF STATA

AN AMASSEE FLORE

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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPO	RATION: CAUCC, Inc.		
DOCUMENT NUM	BER: N08000008008	····	
The enclosed Articles	s of Amendment and fee are sul	bmitted for filing.	
Please return all corre	espondence concerning this mat	eter to the following:	
	Mich	nael Niemis	
	(Name of	f Contact Person)	
	(Firn	n/ Company)	
		Bentley Way	
	·	Address)	
	<u>'</u>	pa, FL 33626 ate and Zip Code)	
		Ocaucc.com ed for future annual report notific	ation)
For further information	on concerning this matter, pleas	e call:	
Michael Niemis	of Contact Person)	at ( 813 ) 787-570	me Telephone Number)
,	, in the second of the second	payable to the Florida Departmen	•
☑ \$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 ndment Section iion of Corporations Box 6327 hassee, FL 32314	Street Address Amendment Section Division of Corporati Clifton Building 2661 Executive Center	ons

Tallahassee, FL 32301

## **Articles of Amendment** to Articles of Incorporation of

OI .	
CAUCC Inc	
 (Name of Corporation as currently filed with the Florida Dept. of State)	
N08000008008	
 (Document Number of Corporation (if known)	

INUOUUU	00000	
(Document Number of	of Corporation (if known)	
Pursuant to the provisions of section 617.1006, Florithe following amendment(s) to its Articles of Incorporate		Profit Corporation adopt
A. If amending name, enter the new name of the	corporation:	
The new name must be distinguishable and contain		ecorporated" or the
abbreviation "Corp." or " Inc." <u>"Company" or "Co</u>	o." may not be used in the name.	
B. Enter new principal office address, if applicab (Principal office address <u>MUST BE A STREET AD</u>		<b>09 J</b>   SHCK   TALL/
	<u>-</u>	
		27 AM ARY OF ASSEE, F
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B	<b>OX</b> )	AM 10: OF STA E, FLOR
		DA H
D. If amending the registered agent and/or regist	ered office address in Florida, e	nter the name of the
new registered agent and/or the new registered		
Name of New Registered Agent:		
New Registered Office Address:	(Florida street address)	<del></del>
		, Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if changing Re		
I hereby accept the appointment as registered age. position.	nt. I am familiar with and acc	ept the obligations of the

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>Title</u>	<u>Name</u>	Address	<u>Type</u>	of Action
				Add Remove
				Add Remove
				Add Remove
(attach a Please D "The Spe	ELETE the last sente ecific purpose of this c	ence in Statement Of Pur organization is to ensure	pose (see attached): the political, educational,	
social and	d economic equality of	of Caucasian Americans.	н	
				<u></u>
	\			
<del></del>				

The date of each amendment(s)	adoption: 07/04/2009
• •	(date of adoption is required)
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)
	(no more than 90 days after amenament fite date)
Adoption of Amendment(s)	( <u>CHECK ONE</u> )
The amendment(s) was/were a was/were sufficient for approv	adopted by the members and the number of votes cast for the amendment(s) al.
There are no members or mer adopted by the board of direct	nbers entitled to vote on the amendment(s). The amendment(s) was/were ors.
Dated_07/23/2	2009
Signature	
	chairman or vice chairman of the board, president or other officer-if directors of been selected, by an incorporator – if in the hands of a receiver, trustee, or ourt appointed fiduciary by that fiduciary)
	Michael Niemis
_	(Typed or printed name of person signing)
_	President
	(Title of person signing)