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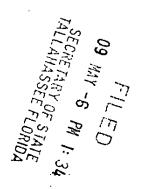
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May 18

COVER LETTER

TO: Amendment Section Division of Corporations

	ation: Fasat		
DOCUMENT NUMB	er: <u>N080000</u> 0	08224	
The enclosed Articles of	of Amendment and fee are subm	nitted for filing.	
Please return all corresp	condence concerning this matte	er to the following:	
	KISHA FRANKII (Name of C	/ Contact Person)	
		(Company)	
	(Firm/	Company)	
	11204 DAK	ddress)	
	(/	•
	RIVERVIEW.	FL 33578	,
	(City/ State	and Zip Code)	
	SASAPRO Ta ta	mpabag. Tr. Com tor future annual report notificat	
			tion)
For further information	concerning this matter, please	call:	
KISHA	FRANKLIN	at (813) 746 · (Area Code & Daytim	-7401
(Name o	f Contact Person)	(Area Code & Daytim	e Telephone Number)
Enclosed is a check for	the following amount made pa	yable to the Florida Department	of State:
☑ \$35 Filing Fee	Certificate of Status	Certified Copy (Additional copy is enclosed)	☐ \$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Amend Division P.O. Bo	ment Section n of Corporations ox 6327 ssee, FL 32314	Street Address Amendment Section Division of Corporation Clifton Building 2661 Executive Center Tallahassee, FL 32301	

Articles of Amendment to Articles of Incorporation of

	01		を表する
	INC.		
(Name of Corporation as c	urrently filed with the Flor	ida Dept. of State) \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
<u> </u>	0008224		
(Document	Number of Corporation (if k	nown)	To the second
Pursuant to the provisions of section 617.16 the following amendment(s) to its Articles 6		orida Not For Pro	fit Corporation adopts
A. If amending name, enter the new name	ie of the corporation:		
The new name must be distinguishable anabbreviation "Corp." or "Inc." "Compan			porated" or the
B. <u>Enter new principal office address, if</u> (Principal office address <u>MUST BE A STI</u>		· · · · · · · · · · · · · · · · · · ·	
C. Enter new mailing address, if application (Mailing address MAY BE A POST O			
D. If amending the registered agent and new registered agent and/or the new registered agent a		<u>s in Florida, entei</u>	tne name of the
Name of New Registered Agent:			
New Registered Office Address:	(Florida stree	et address)	
			, Florida
	(City)	i	(Zip Code)
New Registered Agent's Signature, if cha		r with and accept	the obligations of the
position.			
	Signature of New Registe	red Agent, if chang	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)

<u>Title</u>	<u>Name</u>	Address	Type of Action
			
			Add Remove
		·	
E. If amer (attach	nding or adding additional A additional sheets, if necessary) PLEASE USE A THAT WERE RE	rticles, enter change(s) here: (Be specific) TTACHED ADDITIONAL ECETUEO FROM TRS	_SHEETS

FasaPro Inc 26-3202091

AMENDMENT TO ARTICLES OF INCORPORATION

Please replace Article III with:

Said organization is organized exclusively for charitable, religious, educational, and/or scientific purposes, including, for such purposes, the making of distributions to organizations that qualify as exempt organizations under section 501(c)(3) of the Internal Revenue Code, or corresponding section of any future federal tax code.

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 a court of competent jurisdiction 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: 5-04-09			
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/we was/were sufficient for app	ere adopted by the members and the number of votes cast for the amendment(s) proval.		
There are no members or adopted by the board of di	members entitled to vote on the amendment(s). The amendment(s) was/were rectors.		
Dated	5-04-09 (C)//		
hav	the chairman or vice chairman of the board, president or other officer-if directors to not been selected, by an incorporator – if in the hands of a receiver, trustee, or er court appointed fiduciary by that fiduciary)		
	(Typed or printed name of person signing)		
	President		
	(Title of person signing)		