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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: COMPASSIO	N CHARIT	YC	CORPOR	ATION
DOCUMENT NUMI	BER: N08000008934				
The enclosed Articles	of Amendment and fee are sul	omitted for fili	ng.		
Please return all corre	spondence concerning this mat	ter to the follo	wing	; :	
	··	S. RAHMAI			
	(Name of	Contact Perso	on)		
	COMPASSION CI	HARITY CO	RPC	DRATION	
****	(Firm	n/Company)			
	5903 E	BAMBOO DI	R		
	(Address)			
	ORLAN	IDO FL 328	07		
	(City/ Sta	ite and Zip Co	de)		
	compassion	charity@gm	ail.c	om	
	E-mail address: (to be use		nnuai	report nound	cation)
For further informatio	n concerning this matter, pleas	e call:			
OAZI S. RAHMAN	·	at (4(07	616-40	92 me Telephone Number)
(Name	of Contact Person)	(<i>F</i>	\rea (Code & Dayti	me Telephone Number)
Enclosed is a check for	or the following amount made	payable to the	Flori	da Departmer	nt of State:
☑ \$35 Filing Fee	☐ \$43.75 Filing Fee & Certificate of Status	□ \$43.75 Certified (Addition enclosed	Copy nal co	y	□ \$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Amen Divisi P.O. E	dment Section on of Corporations Box 6327	Ā E	Ameno Divisio Cliftor	Address dment Section on of Corporati n Building	ons

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

COMPASSION CHARITY CORPORATION

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

N08000008934

(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:

y" or "Co." may not be used in the nan	"incorporated" or the <u>ne</u> .
applicable: REET ADDRESS)	
ible: FFICE BOX)	
or registered office address in Florida	a, enter the name of th
registered office address:	
(Florida street address)	
(City)	, Florida (Zip Code)
inging Registered Agent:	(24)
	ble: FICE BOX) or registered office address in Florids registered office address: (Florida street address)

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>	<u>Address</u>	Type of Action
VPD	DAVID AUSTIN WARD	5903 BAMBOO DR ORLANDO FL 32807	□ Add □ □ Remove
			Add Remove
			_
E. <u>If amer</u> (attach d	nding or adding additional Articles, en additional sheets, if necessary). (Be sp	ter change(s) here: pecific)	

The date of each amendment(s) a	doption: NOVEMBER 4, 2009
.,	(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 adwas/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 director	pers entitled to vote on the amendment(s). The amendment(s) was/were rs.
DatedSignature	94-2009) my 1/
(By the	chairman or vice chairman of the board, president or other officer-if directors
	t been selected, by an incorporator - if in the hands of a receiver, trustee, or
other co	urt appointed fiduciary by that fiduciary)
	OAZI S. RAHMAN
	(Typed or printed name of person signing)
	PRESIDENT
	(Title of person signing)

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