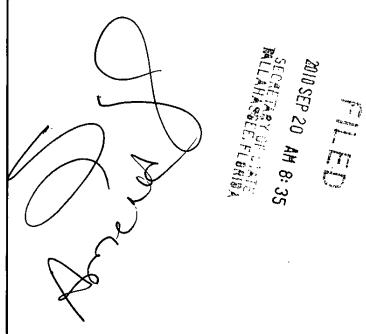
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(Requestor's Name)		
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PICK-UP WAIT MAIL		
(Business Entity Name)		
(Document Number)		
Certified Copies Certificates of Status		
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: <u>CURSSTおのCo</u>	mmunity LOVE AND ACTION F
DOCUMENT NUMBER: NO 08 000	0010832
The enclosed Articles of Amendment and fee are submitted	d for filing.
Please return all correspondence concerning this matter to t	the following:
RBOPUETE (Name of Conta	ESA)E act Person)
(Firm/ Com	npany)
715 MoLly ST	REET NORTH
LAUDERDAIB (City/ State and	F1. 33068.
E-mail address: (to be used for the	Future annual report notification)
For further information concerning this matter, please call:	
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount made payable	
Certificate of Status C	S43.75 Filing Fee & S52.50 Filing Fee Certified Copy Certificate of Status Certified Copy (Additional Copy is enclosed) Cartified 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 of

(Name of Corporation as currently filed with the Florida Dept. of State)
(Document Number of Corporation (if known)
Pursuant to the provisions of section 617.1006, Florida Statutes, this <i>Florida Not For Profit Corporation</i> adopts the following amendment(s) to its Articles of Incorporation:
A. If amending name, enter the new name of the corporation:
The new name must be distinguishable and contain the word "corporation" or "incorporated" or the abbreviation "Corp." or "Inc." "Company" or "Co." may not be used in the name.
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)
D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:
Name of New Registered Agent: PROPUETE ESAIR
New Registered Office Address: 715 Holly STREET NORTH (Florida street address)
<u>しかのほれのみほ</u> , Florida 330 る (City) (Zip Code)
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.
Signature of New Registered Agent, if changing

Page 1 of 3

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
BES.	RIBRRE BROPHETE ESAI F	ROBBET 715 HOLY ST. NO.	M Remove ⊃
Pres	PROPHETE ESAI	JIS HOLY ST. NO.	•
			Add Remove
			-
	ling or adding additional Articles, enter diditional sheets, if necessary). (Be specified)		
		<u> </u>	

The date of each amendment(s) adoption: _	09-02-2010
	(date of adoption is required)
Effective date if applicable:	09-02 2010
(no me	ore than 90 days after amendment file date)
Adoption of Amendment(s) (C	HECK ONE)
The amendment(s) was/were adopted by the was/were sufficient for approval.	ne members and the number of votes cast for the amendment(s)
There are no members or members entitled adopted by the board of directors.	d to vote on the amendment(s). The amendment(s) was/were
Dated SEQT. O	2 2010 Hete Esaie
Signature Rysk	Hete Esail
(By the chairman of have not been selections)	r vice chairman of the board, president or other officer-if directors cted, by an incorporator – if in the hands of a receiver, trustee, or ed fiduciary by that fiduciary)
	TOPURTE ESAIR Typed or printed name of person signing)
	(Title of person signing)