N09000001280

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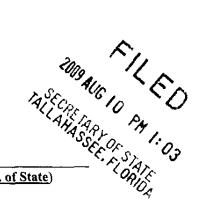
'AUG 1 1 2009

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: Miss Internatio	nal USA Foundation Inc	
DOCUMENT NUM	BER: N09000001280	44.44	· · · · · · · · · · · · · · · · · · ·
The enclosed Articles	s of Amendment and fee are sub	mitted for filing.	
Please return all corre	espondence concerning this matte	er to the following:	
		ıra Howard	<i>,</i>
	(Name of	Contact Person)	
		onal Foundation Inc	
	(Firm	(Company)	
	234 N\	W 61 Street	
	. · · (A	(ddress)	
· ·	Miami	, FL 33169	
	(City/ Stat	e and Zip Code)	
		@bellsouth.net	ion)
For further information	on concerning this matter, please	-	,
Barbara Howard		at (786) 506-5429 (Area Code & Daytime	·
(Name of Contact Person)		(Area Code & Daytime	e Telephone Number)
Enclosed is a check for	or the following amount made pa	ayable to the Florida Department of	of State:
	\$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)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Street Address Amendment Section Division of Corporation Clifton Building 2661 Executive Center (Tallahassee, EL 32301	

Articles of Amendment to Articles of Incorporation of



Miss International USA Foundation Inc

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

N09000001280

(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:

he new name must be distinguishable and cont		
bbreviation "Corp." or "Inc." <u>"Company" or "</u>	<u>'Co." may not be used in the name</u>	
. Enter new principal office address, if applic	able:	
Principal office address MUST BE A STREET		
. Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE	E BOX)	
	- 1 -,,,,,,,	
). If amending the registered agent and/or reg	ristered office address in Florida,	enter the name of th
 If amending the registered agent and/or reg new registered agent and/or the new registe 		enter the name of th
new registered agent and/or the new registe		enter the name of th
		enter the name of th
new registered agent and/or the new registe		enter the name of th
new registered agent and/or the new registe		enter the name of th
new registered agent and/or the new registe Name of New Registered Agent:	red office address:	
new registered agent and/or the new registe Name of New Registered Agent:	red office address: (Florida street address)	, Florida
new registered agent and/or the new registe Name of New Registered Agent:	red office address:	
new registered agent and/or the new registe Name of New Registered Agent:	(Florida street address)	, Florida

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)

Address Type of Action <u>Title</u> Name ☐ Add ☐ Remove ____ Remove E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific)

The date of each amendme	ent(s) adoption: August 7, 2009
Effective date <u>if applicable</u>	(date of adoption is required)
	(no more than 90 days after amendment file date)
Adoption of Amendment(s) (CHECK ONE)
The amendment(s) was/was/were sufficient for a	were adopted by the members and the number of votes cast for the amendment(s) pproval.
There are no members of adopted by the board of	or members entitled to vote on the amendment(s). The amendment(s) was/were directors.
Dated Au	igust 7, 2009
h	By the chairman or vice chairman of the board, president or other officer-if directors ave not been selected, by an incorporator – if in the hands of a receiver, trustee, of their court appointed fiduciary by that fiduciary)
	Gerri H. Rawlins
	(Typed or printed name of person signing)
	Secretary
	(Title of person signing)

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