## N09000004239

. (Req	uestor's Name)	
(Add	ress)	
(Add	ress)	
(City	/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bus	iness Entity Nar	ne)
(Doc	ument Number)	
Certified Copies	Certificates	s of Status
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## **COVER LETTER**

TO: Amendment Section

Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

MAKE A Difference NOW Inter. Inc The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: ence NOW For further information concerning this matter, please call: (Area Code & Daytime Telephone Number) Enclosed is a check for the following amount made payable to the Florida Department of State: □\$43.75 Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is Enclosed) **Mailing Address** Street Address Amendment Section Amendment Section Division of Corporations

Division of Corporations

2661 Executive Center Circle Tallahassee, FL 32301

Clifton Building

## **Articles of Amendment**

to
Articles of Incorporation

- 1	of
MAKEAD PREVENCE-NO	W International MISSIS
Name of Corporation as currently filed with the Flo	
NO 900000 4239	<b>12 12 12</b>
(Document Number of Corpora	ition (if known)
Pursuant to the provisions of section 617.1006, Florida Statutes amendment(s) to its Articles of Incorporation:	s, this Florida Not For Profit Corporation adopts the following
A. If amending name, enter the new name of the corporation of the corp	DOM INC THENEW
"Company" or "Co." may not be used in the name.	<i>d</i>
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	8020 Congares C. North
	Sack son Ville, D. 300
	<u>P2322//</u>
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	PO BOX 19442
	JackGonVille, PL 33245
D. If amending the registered agent and/or registered office	e address in Florida, enter the name of the
new registered agent and/or the new registered office at	
Name of New Registered Agent:	NIA
Name of New Registered Agent.	
New Registered Office Address:	Florida street address)
(City)	, Florida (Zip Code)
(Cuy)	(Exp Cour)
New Registered Agent's Signature, if changing Registered I hereby accept the appointment as registered agent. I am fan	
Signature of New Regist	ered Agent, if changing

Page 1 of 4

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)

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: X Change	<u>PT</u>	John Doe	,
X Remove	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith .	
Type of Action (Check One)	Title	Name	Address
l) Change Add Remove		NA	
2) Change Add Remove			
3 ) Change Add Remove			
4) Change Add Remove			
5) Change Add Remove			
6) Change Add Remove			

E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific)				
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The date of each a	amendment(s) ado	ption: 5/c	21/12	
Effective date <u>if a</u>	pplicable:	5/21/1	2	_
	,	(no more than	n 90 days after amendment file date)	
Adoption of Amer	ndment(s)	(CHECK O	<u>NE</u> )	
	ent(s) was/were add icient for approval.		ers and the number of votes cast for the amendment(s)	
	members or members of director		on the amendment(s). The amendment(s) was/were	
Date	0 5/14	112		
Sign	ature U	lsn E	Conment	_
			on of the board, president or other officer-if directors corporator — if in the hands of a receiver, trustee, or	
		pointed fiduciary b		
ł	EVELYN	ESC Typed or printed na	ARMENT ame of person signing)	
_	4	reside	nt.	
_		(Title of nerson sig	mino)	