# N0900005364

Office Use Only



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SECRETARY OF STATE

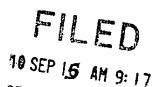
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### **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPO	RATION: Grace for peop	ole incr	Mark Mark
DOCUMENT NUM	BER: no9000005364		
The enclosed Article	s of Amendment and fee are subn	nitted for filing.	
Please return all corr	espondence concerning this matte	er to the following:	
•		e Grignon	
ju mitorija <u>ko k</u>	(Name of C	Contact Person)	
	Grace	for people	
	(Firm/	Company)	
	1236 n v	w 13th court	
	(A	ddress)	
	FT Lauder	dale Fl 33311	
	(City/ State	and Zip Code)	
	E-mail address: (to be used	for future annual report notifi	cation)
For further informati	on concerning this matter, please	call:	
Gerene Grignon	•	at ( 954 ) 553-41	10
(Name	of Contact Person)	at (954)553-41 (Area Code & Dayt	ime Telephone Number)
Enclosed is a check t	or the following amount made pa	yable to the Florida Departme	nt of State:
□\$35 Filing Fee	☐ \$43.75 Filing Fee & Certificate of Status	☑ \$43.75 Filing Fee & Certified Copy (Additional copy is	Certificate of Status Certified Copy (Additional Copy
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Street Address Amendment Section Division of Corporat Clifton Building 2661 Executive Cent Tallahassee, FL 3230	ions ter Circle

#### Articles of Amendment to Articles of Incorporation of



Grace for people inc

TALLAHASSEE STATE

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

#### no9000005364

(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:

e new name must be distinguishable and control of the control of t		
Enter new principal office address, if apprincipal office address MUST BE A STREE		
Enter new mailing address, if applicable (Mailing address MAY BE A POST OFF)		
If amending the registered agent and/or new registered agent and/or the new reg		a, enter the name of th
		a, enter the name of th
new registered agent and/or the new reg		a, enter the name of th
<u>Name of New Registered Agent:</u>	istered office address:	a, enter the name of the

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

The date of each amendment(s)	adoption: September 14, 2010
· ·	(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 a was/were sufficient for approve	dopted by the members and the number of votes cast for the amendment(s) al.
There are no members or men adopted by the board of directed	nbers entitled to vote on the amendment(s). The amendment(s) was/were ors.
Signature Signature By the have no	chairman or vice chairman of the board, president or other officer-if directors of been selected by an incorporator – if in the hands of a receiver, trustee, of ourt appointed fiductary by that fiduciary)
_	Gerene Grignon
	(Typed or printed name of person signing)
_	President
	(Title of person signing)

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