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SECRETARY OF STATE

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: ALUMNI LEADERSHIP COUNCIL INC.				
DOCUMENT NUM	BER:		1-11	
The enclosed Articles	of Amendment and fee are sub	mitted for filing.		
Please return all corre	spondence concerning this matt	er to the following:		
		ON PIERRE		
	(Name of	Contact Person)		
	(Firm	/ Company)	·····	
-	19501 N	W 1ST PLACE		
	(A	Address)		
r 1075	· · · · · · · · · · · · · · · · · · ·	ORIDA, 33169		
	(City/ Stat	e and Zip Code)		
		ON@AOL.COM If for future annual report no	tification)	
For further information	on concerning this matter, please	call:		
LUCKSON PIERF	RE	at (305) 397-	5142	
(Name	of Contact Person)	(Area Code & D	aytime Telephone Number)	
Enclosed is a check for	or the following amount made p	ayable to the Florida Depart	ment of State:	
□\$35 Filing Fee	☑ \$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)	
Amen Divisi P.O. I	ng Address Idment Section Idment Section Idment Socy 6327 Idment Section Idment S	Street Address Amendment Section of Corporation Building 2661 Executive Corporation Tallahassee, FL 3	erations enter Circle	

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Articles of Amendment to Articles of Incorporation

	of		
ALUMNI LEADER	RSHIP CO	UNCIL INC.	tate)
(Name of Corporation as curren	tly filed with	the Florida Dept. of S	tate)
(Document Numb	per of Corporati	ion (if known)	
arsuant to the provisions of section 617.1006, F e following amendment(s) to its Articles of Inc		, this <i>Florida Not For</i>	Profit Corporation ado
. If amending name, enter the new name of	the corporatio	n:	
he new name must be distinguishable and conbbreviation "Corp." or "Inc." <u>"Company" or</u>			acorporated" or the
B. Enter new principal office address, if applicable:	icable:	19501 NW 1ST P	PLACE
Principal office address <u>MUST BE A STREE</u> 1		MIAMI FLORIDA	, 33169
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)	E BOX)	P.O. BOX 190131	
		MIAMI BEACH, 3	3119
). If amending the registered agent and/or renew registered agent and/or the new registered agent and/or the new registered agent ag	gistered office tered office ad	e address in Florida, e dress:	nter the name of the
Name of New Registered Agent:	LUCKSON PIERRE		
	19501	NW 1ST PLACE	
New Registered Office Address: (Florida street address)			
	MIA	MI FLORIDA	, Florida 33169 (Zip Code)

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

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
VP	ROC PAUL		□ Add □ Remove
<u>VP</u>	PIERRE LUCKSON	19501 NW 1ST PLACE MIAMLELORIDA, 33169	☑ Add □ Remove
E. <u>If amer</u> (attach d	nding or adding additional Articles, additional sheets, if necessary). (Be	enter change(s) here: specific)	
		,	
<u></u>			

The date of each amendment(s) a	adoption: JANUARY 28, 2010
Effective date if applicable:	(date of adoption is required)
	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/were ac was/were sufficient for approva	dopted by the members and the number of votes cast for the amendment(s) al.
There are no members or mem adopted by the board of director	abers entitled to vote on the amendment(s). The amendment(s) was/were ors.
Signature(By the	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 our appointed fiduciary by that fiduciary)
	Luckson Prouve
	(Typed or printed name of person signing)
	VP
	(Title of person signing)

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