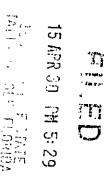
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(RM 5-615

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: Percy Harvin	Outreac	h Foundation, I	nc.
DOCUMENT NUMBER: N1000002196	3		5
The enclosed Articles of Amendment and fee are submitted f	or filing.		;
Please return all correspondence concerning this matter to the following:			
Jaafar Choufani, Esq.			
(Name of Contact Person)			
Allen, Dyer, Doppelt, Milbra	th & Gild	hrist, P.A.	**
(F	irm/ Company)		
255 South Orange Avenue,	Suite 14	101	
	(Address)		
Orlando, Florida 32801			
(City/	State and Zip Cod	e)	
jchoufani@addmg.co	om		
E-mail address: (to be used for fut	ure annual report	notification)	
For further information concerning this matter, please call:			
jchoufani@addmg.com	_ _{at (} 407	, 841-2330	
(Name of Contact Person)		ode & Daytime Telephone Nur	nber)
Enclosed is a check for the following amount made payable t	o the Florida Depa	urtment of State:	
(Ad	.75 Filing Fee & diffied Copy ditional copy is closed)	□\$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	Ameno Divisio Clifton 2661 E	Address Iment Section on of Corporations Building Executive Center Circle assee, FL 32301	

Articles of Amendment **Articles of Incorporation** Percy Harvin Outreach Foundation, Inc. (Name of Corporation as currently filed with the Florida Dept. of State) N10000002196 (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: A. If amending name, enter the new name of the corporation: No Mercy Percy Foundation, Inc. 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: (Florida street address) New Registered Office Address: Florida (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.

Page 1 of 4

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)

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 X Remove X Add	PT John Do V Mike Jo SV Sally Sr	ones	
Type of Action (Check One)	<u>Title</u>	Name	Address
1) Change			
Add			
Remove			
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Δdd	 		
Remove			
6) Change			
Add			
Remove			

L. It amending or adding additional Art. (attach additional sheets, if necessary).	(Re specific)
(anden dadinonal sheets, if necessary).	(be specific)
•	
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	ne date of each amendment(s) adoption:	, if other than the
date	ate this document was signed.	
Eff	ffective date if applicable:	
	(no more than 90 days after amendment file d	late)
Ado	adoption of Amendment(s) (<u>CHECK ONE</u>)	
	The amendment(s) was/were adopted by the members and the number of votes cast was/were sufficient for approval.	for the amendment(s)
	There are no members or members entitled to vote on the amendment(s). The amen adopted by the board of directors.	ndment(s) was/were
	Dated 4-17-15	
	Signature With hus	
	(By the chairman or lice chairman of the board, president or other have not been selected, by an incorporator – if in the hands of a souther court appointed fiduciary by that fiduciary)	
	Lintera Shavers	
	(Typed or printed name of person signing)	
	Director	
	(Title of person signing)	•