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| (Requestor's Name) (Address) (Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status Special Instructions to Filing Officer: | | | |
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Office Use Only



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COVER LETTER

TO: Amendment Section Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

| NAME OF CORPO | ration: <u>CARIBBE</u> | this CHILBRAU TOW | INSATION, ICC. |
|-------------------------|---|---|---|
| DOCUMENT NUM | BER: <u>N/00000</u> | 2476 | |
| The enclosed Articles | s of Amendment and fee are sul | bmitted for filing. | |
| Please return all corre | espondence concerning this mat | tter to the following: | |
| | DINER A | Contact Person) | |
| Co | AR <i>IBBEA</i> I, CH.C. (Firm | DROU TOWN BATTO n/Company) | THE |
| . | P.O. BOX 25 | D 58 Address) | |
| | TAMARAC (City/Sta | FLORI DA 333 : ite and Zip Code) | 20 |
| do | E-mail address: (to be use | ahon. com ed for future annual report notific | ation) |
| For further information | on concerning this matter, pleas | e call: | |
| DIVER (Name | ALBIUS of Contact Person) | at (<u>954</u>) <u>933</u> (Area Code & Daytie | - 7585 me Telephone Number) |
| Enclosed is a check f | or the following amount made p | payable to the Florida Departmen | t 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) |
| Amer | ing Address indment Section ion of Corporations | Street Address Amendment Section Division of Corporation | · |

Clifton Building

2661 Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

| CARIBBEAU CHILDREN | TOUNDATION INC. |
|---|---|
| (Name of Corporation as currently file | ed with the Florida Dept. of State) |
| M100000024 | 76 |
| (Document Number of C | |
| Pursuant to the provisions of section 617.1006, Florida | Statutes this Florida Not For Profit Corneration adonts |
| the following amendment(s) to its Articles of Incorpora | |
| A. If amending name, enter the new name of the cor | poration: |
| The new name must be distinguishable and contain the abbreviation "Corp." or "Inc." "Company" or "Co." | |
| B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADD)</u> | <u>RESS</u>) |
| | |
| C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX | 14MARAC, FL 33320 |
| D. If amending the registered agent and/or registered new registered agent and/or the new registered o Name of New Registered Agent: | |
| New Registered Office Address: | (Florida street address) |
| | (City), Florida, Florida |
| New Registered Agent's Signature, if changing Regist hereby accept the appointment as registered agent. position. | stered Agent: I am familiar with and accept the obligations of the |
| 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 |
|--------------|---|---|-----------------|
| 5_ | SUZANE, EXILIEN CALEB OCCEAS | 23 Pleasant Hill 1 TAMANAC, FL. 3335 | D□ Add P |
| 工 | | 1/11/1/KAC)16 333 | Kemove |
| <u>S</u> | DINER ALDEUS | P.O. BOX 25058 TAMARAC, PC 33321 | Add ☐ Remove |
| | ing or adding additional Articles, ente ditional sheets, if necessary). (Be spec | | |
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| The date of each amendment(s) adoption: | 05/25/2010 |
|--|--|
| Effective data if annihables | (date of adoption is required) |
| Effective date <u>if applicable</u> : OS (no more | than 90 days after amendment file date) |
| Adoption of Amendment(s) (CHE | CK ONE) |
| The amendment(s) was/were adopted by the mas/were sufficient for approval. | nembers and the number of votes cast for the amendment(s) |
| There are no members or members entitled to adopted by the board of directors. | vote on the amendment(s). The amendment(s) was/were |
| Dated 05/25/2010 | <u> </u> |
| Signature | on the impact of the heard arresident on other officer if directors |
| | ce chairman of the board, president or other officer-if directors i, by an incorporator – if in the hands of a receiver, trustee, or |
| | iduciary by that fiduciary) |
| | ALSEUS and or printed name of person signing) |
| 5 | ECRETARY |
| | (Title of person signing) |