# 11/000003669

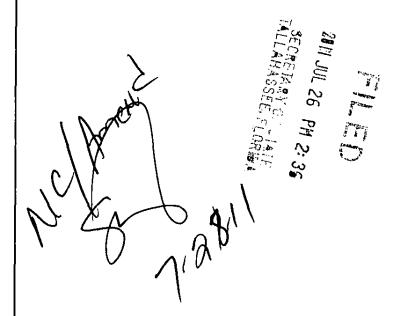
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Certified Copies	Certificates	of Status		
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#### **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPORATION: Greene	Today Char	table foundation, I
DOCUMENT NUMBER: NOODO	002669	
The enclosed Articles of Amendment and fee are su	ibmitted for filing.	
Please return all correspondence concerning this ma	itter to the following:	
Sumpay	of Contact Person)	
	_	In Hative Foundati
P.O. BUX 30507	2	
	(Address)	
Fort Lauder	dale, Pl 333	<del>204</del>
` · ·	ate and Zip Code)  (10/2/ Dolarf, 6/ 9  ed for future annual report notific	ation)
For further information concerning this matter, please	se call:	
Sunday Phill, PS (Name of Contact Person)		8,1770
(Name of Contact Person)	(Area Code & Daytin	me Telephone Number)
Enclosed is a check for the following amount made	payable to the Florida Departmen	t of State:
\$35 Filing Fee \$\times \$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)
Mailing Address  Amendment Section	Street Address Amendment Section	•
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Division of Corporation Clifton Building 2661 Executive Cente	

Tallahassee, FL 32301

### **Articles of Amendment Articles of Incorporation**

TOTE AND OS

N 1000000 266

(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	<u>on:</u>	•
Greener Today Global Energy I	ritiative For	undation (Office)
The new name must be distinguishable and contain the word abbreviation "Corp." or "Inc." "Company" or "Co." may no	"corporation" or "inco	
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	5750 MAY Suite 2 Hollywood,	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	P.O. BOX 3 Fort Laude 33303	10507 Idale, FC
D. If amending the registered agent and/or registered office new registered agent and/or the new registered office ad-		er the name of the
Name of New Registered Agent:		-
New Registered Office Address: (Flor	ida street address)	<del>-</del>
<del></del>	(City)	, Florida (Zip Code)
New Registered Agent's Signature, if changing Registered A I hereby accept the appointment as registered agent. I am position.		t the obligations of the
Signature of New	Registered Agent, if char	nging

Page 1 of 3

## 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)

Type of Action <u>Title</u> Name <u>Address</u> \_ 🗆 Add ☐ Remove \_\_\_\_\_ Add \_ 🗆 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: Suly 15, 2011
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 adopted by the members and the number of votes cast for the amendment(s) was/were sufficient for approval.
There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors.
Dated July 20, 201/
(By the chairman or vice chairman of the board, president or other officer-if directors
have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)
SUNDAY Ph. 11.PS
(Typed or printed name of person signing)
Founder, Executive Director
(Title of person signing)