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(Req	uestor's Name)	
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To: Amendment Section

Division of Corporations

Tallahassee, FL 32314

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NAME OF CORPORATION: MAKING	A Difference	For Klods 1.
DOCUMENT NUMBER:		
The enclosed Articles of Amendment and fee are sub-	mitted for filing.	
Please return all correspondence concerning this matte	er to the following:	
Georgette A.	Smith - Chandl Contact Person)	ler_
(Name of	Contact Person)	
·	(Company)	<del></del>
8556 GREAT	EGRET TRACE	
(A	ddress)	
NEW Port Richer (City/State	FL 34453	
Sprilgeorge	e and Zip Code)  He e Valco  Tor future annual report notification	con
For further information concerning this matter, please	call:	
Georgette Smith-Chond (Name of Contact Person)	Mat (727) 776 (Area Code & Daytime	Telephone Number)
Enclosed is a check for the following amount made pa	yable to the Florida Department of	State:
\$35 Filing Fee \$\sum \text{\$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  Division of Corporations  P.O. Box 6327	Street Address Amendment Section Division of Corporations Clifton Building	·

2661 Executive Center Circle

Tallahassee, FL 32301

## **Articles of Amendment**

to

Articles of Incorpor	ation
of	
making A Differ	erce for hold, INC
(Name of Corporation as currently filed with t	he Florida Dept. of State)
(Document Number of Corporation	on (if known)
Pursuant to the provisions of section 617.1006, Florida Statutes, the following amendment(s) to its Articles of Incorporation:	this Florida Not For Profit Corporation adopts
A. If amending name, enter the new name of the corporation	<u>ı:</u>
The new name must be distinguishable and contain the word abbreviation "Corp." or "Inc." "Company" or "Co." may not	
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	nla
	SECRE
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	nla sser
-	STATE STATE
D. If amending the registered agent and/or registered office and new registered agent and/or the new registered office add	

Name of New Registered Agent:	<u> </u>	<del></del>
New Registered Office Address:	(Florida street 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.

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)

A STATE OF THE STA

<u>Title</u>	Name	Address	Type of Action
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<del></del>	**************************************		
	***************************************		
(attach a	ding or adding additional Articles, enditional sheets, if necessary). (Be solutional Sheets, if necessary).  Provisional Sheets, if necessary).  Provisional Articles, enditional Sheets, if necessary).	pecific)	included
EIN	1#38.3812	5 16	
4			

of distributions to organizations that qualify as exempt Code, or corresponding section of any future federal tax code. organizations under section 501(c)(3) of the Internal Revenue educational purposes, including, for such purposes, the making Said organization is organized exclusively for charitable and

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exclusively for such purposes. said Court shall determine, which are organized and operated of by the Court of Common Pleas of the county in which the for such purposes or to such organization or organizations, as principal office of the organization is then located, exclusively public purpose. Any such assets not disposed of shall be disposed section of any future federal tax code, or shall be distributed to section 501(c)(3) of the Internal Revenue Code, or corresponding distributed for one or more exempt purposes within the meaning of Upon the dissolution of the organization, assets shall be the federal government, or to a state or local government, for a

The date of each amendment(s) adoption: 11 3 2010
(date of adoption is required)  Effective date if applicable:
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.
Signature  (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)
Georgette A. Smith-Chardler (Typed or printed name of person signing)
President
(Title of person signing)