N10000004420

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SECRETARY OF STATE ALLAHASSEE, FLORIDA

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JUN 17 2010

COVER LETTER

TO: Amendment Section **Division of Corporations**

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NAME OF CO	PRPORATION:	INTERNA	TIONAL	Chilor	EN t	EIPERS
DOCUMENT	NUMBER:	N100 000	00 4420	,		,
The enclosed A	rticles of Amendi	nent and fee are subm	nitted for filing.			
Please return all	l correspondence	concerning this matte	r to the following	:		
	(Celina M. (Name of C	Bonto	ci ·		•
•		(Name of C	Contact Person)			
		A D	· ·			
		(Firm)	Company)			
	19.	DH NE	10	We.		
•		(A	ddress)			
		NORAI)		Mo 32	179	
-		(City/ State	and Zip Code)			
		Servi childe	•	mail	1 000	
-	E-mai	l address: (to be used	for future annual	report notification	on)	
For further info	rmation concerni	ng this matter, please	call:			
Celim	o M E	Person)	at (954) 889	44	20
n)	Name of Contact	Person)	(Area C	Code & Daytime	Telephone	Number)
Enclosed is a ch	neck for the follow	ving amount made pa	yable to the Florid	da Department o	f State:	
\$35 Filing Fe	Certifica	5 Filing Fee & te of Status	S43.75 Filin Certified Copy (Additional co- enclosed)	, ~		al Copy
e.	Mailing Address Amendment Section Division of Corpo P.O. Box 6327 Tallahassee, FL 33	rations	Amend Divisio Clifton 2661 E	Address Iment Section on of Corporations Building xecutive Center C assee, FL 32301		

Articles of Amendment to Articles of Incorporation

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Stat <u>e</u>)	.	• • •	'O _A '

LUTERNATIONAL CHILDREN

(Name of Corporation as currently filed with the Florida Dent. of State)

N10000004420

(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:

The new name must be distinguishable and contain the wabbreviation "Corp." or "Inc." "Company" or "Co," may	
B. Enter new principal office address, if applicable:	nala Robert L'heureux
(Principal office address <u>MUST BE A STREET ADDRES</u> :	(1) 19221 NE 10 Qye
	HORTH Miami Go 33179
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	1922/ NE 10 Que
	NORTH MILLINI 40 33179
	•
D. If amending the registered agent and/or registered of new registered agent and/or the new registered office	
. Name of New Registered Agent:	Octino Bonrocci
	Colina Bostocii (19221 NE)
New Registered Office Address: (F	Florida street address)
<u></u>	N Micom: Florida 33175 (City) (Zip Code)
New Registered Agent's Signature, if changing Registere	
I hereby accept the appointment as registered agent. I position.	am jamiliar with and accept the obligations of the
	02
Signature of	New Registered Agent, if changing

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 **Title Name** Address Prosident Pobert D L'heureux Vice-President Celinaly Borarocci ☐ Add ☐ Remove E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). 1 chonge make a mista 27-2513309

The date of each amendment(s)	doption: 06/12/20/0	
	(date of adoption is required)	
Effective date if applicable:	(no more than 90 days after amendment file date)	_
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were awas/were sufficient for approve	lopted by the members and the number of votes cast for the amendment.	ent(s)
There are no members or mem adopted by the board of directors	bers entitled to vote on the amendment(s). The amendment(s) was/wrs.	/ere
Signature(By the have no	chairman or vice chairman of the board, president or other officer-if t been selected, by an incorporator – if in the hands of a receiver, tourt appointed fiduciary by that fiduciary) Colino M Bonzocci (Typed or printed name of person signing) Vice - President	
,	(Title of person signing)	

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