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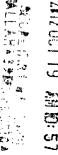
(Re	equestor's Name)	
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Certified Copies	Certificates	s of Status
Special Instructions to	Filing Officer:	
Special instructions to	Filling Officer.	
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## **COVER LETTER**

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Light House	se of Alms	
DOCUMENT NUMBER:	·	
The enclosed Articles of Amendment and fee are sub	mitted for filing.	
Please return all correspondence concerning this matt	er to the following:	
Tavaris L	lilliams (Name of Contact Person	
	(Name of Contact Person	)
LightHa	sc_ of Alms (Firm/Company)	
5	(Firm/ Company)	
4474 NW 203rd	st	
	(Address)	
Miami Fl	33055	•
	33055 (City/ State and Zip Code	e)
Light House of Alm E-mail address: (to be use	s @ gma; 1. com d for Tuture annual report i	notification)
For further information concerning this matter, please	e call:	
Tavans Williams (Name of Contact Person)	at (	245-3518
(Name of Contact Person)	(Area Co	ode & Daytime Telephone Number)
Enclosed is a check for the following amount made p	ayable to the Florida Depa	rtment of State:
\$35 Filing Fee & Certificate of Status		♥\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is Enclosed)
Mailing Address		Address

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## 21/20CT 19 AM 10:57 Articles of Amendment Articles of Incorporation (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: 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 (Zip Code) (City) 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		<u>Doe</u> Jones Smith	
Type of Action (Check One)	Title	<u>Name</u>	Address
1) Change Add Remove	<u>_</u> 5	Gelin, Suzanne	1256 Fishermanst Opa Locka, FL 33054
2) Change Add Remove 3) Change X Add Remove	CEO	Shalanda, Brown Tavaris Williams	P.O. Box 472913  Miami, FL  33247  42174 NW 203rd  Miami, FL = 33055
4) Change Add Remove	_5_	Turkessa, Allen	19220 NW 10th N Miami FL 33169
5) Change Add Remove	T	Beth, Williams	13801 NW 4th st apt 100 Pembroke Pines, FL 33028
6) Change Add Remove			

amending or adding additional Attach additional Attach additional sheets, if necessary	i). (Be specific)	
		•

11 1

The date of each amendment(s) adoption:				
Effective date if applicable:				
	(no more than 90 days after amendment file date)			
Ado	option 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.			
K	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 10-1-12			
	Signature T. Uhlland			
	(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)			
	Tavaris Williams			
	(Typed or printed name of person signing)  President   CEO			
	(Title of person signing)			