# N10000005815

| (Re                     | equestor's Name)   |             |
|-------------------------|--------------------|-------------|
| (Ac                     | ldress)            |             |
| (Ac                     | ldress)            |             |
| (Ci                     | ty/State/Zip/Phone | e #)        |
| PICK-UP                 | ☐ WAIT             | MAIL        |
| (Bu                     | ısiness Entity Nar | ne)         |
| (Do                     | ocument Number)    |             |
| Certified Copies        | _ Certificates     | s of Status |
| Special Instructions to | Filing Officer:    |             |
|                         |                    |             |
|                         |                    |             |
|                         |                    |             |





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06/20/11--01025--003 \*\*43,75

SCORETARY OF SIALL BY SIGN OF CORPORATION OF CORPORATION

Amendicus

#### COVERLETTER

TO: Amendment Section
Division of Corporations

| NAME OF CORPO           | RATION: A BETTER F                            | JTURE                        | KIDS                                           | FOUN     | IDATI      | ON, INC                                                                                             |
|-------------------------|-----------------------------------------------|------------------------------|------------------------------------------------|----------|------------|-----------------------------------------------------------------------------------------------------|
| DOCUMENT NUMI           | BER: N10000005815                             |                              |                                                |          |            |                                                                                                     |
| The enclosed Articles   | of Amendment and fee are su                   | bmitted fo                   | r filing.                                      |          |            |                                                                                                     |
| Picase return ali corre | spondence concerning this ma                  | tter to the                  | following                                      | g:       |            |                                                                                                     |
|                         |                                               | LIS MAT                      |                                                |          |            |                                                                                                     |
|                         | (Name of                                      | Contact                      | Person)                                        |          |            |                                                                                                     |
|                         | (Fim                                          | n/ Compa                     | ıy)                                            |          |            |                                                                                                     |
|                         | 5268 SW 152 AVE                               |                              |                                                |          |            |                                                                                                     |
|                         | (                                             | Address)                     |                                                |          |            |                                                                                                     |
|                         |                                               | IAR, FL                      |                                                | <u></u>  |            |                                                                                                     |
|                         | A.MATOS@BF                                    | KFOUNI                       | )<br>AOITAC                                    |          |            |                                                                                                     |
|                         | E-mail address: (to be use                    | ed for futu                  | re annua                                       | report n | otificatio | m)                                                                                                  |
| For further information | n concerning this matter, pleas               | e call:                      |                                                |          |            |                                                                                                     |
| ARELIS MATOS            |                                               | at (                         | 954                                            | y 367    | -7552      |                                                                                                     |
| (Name o                 | of Contact Person)                            |                              | (Area                                          | Code & D | aytime     | Telephone Number)                                                                                   |
| Enclosed is a check for | the following amount made p                   | zyable to                    | the Flori                                      | da Depar | tment of   | State:                                                                                              |
| □ \$35 Filing Fee       | [7]\$43.75 Filing Fee & Certificate of Status | Certif<br>(Addi              | 3.75 Filis<br>fied Copy<br>itional co<br>used) |          |            | ☐ \$52.50 Filing Fee<br>Certificate of Status<br>Certified Copy<br>(Additional Copy<br>is enclosed) |
| Mailin                  | g Address<br>Iment Section                    |                              |                                                | Address  |            | •                                                                                                   |
|                         | n of Corporations                             |                              | Amendment Section Division of Corporations     |          |            |                                                                                                     |
| P.O. B                  | ox 6327                                       |                              | Clifton                                        | Building |            |                                                                                                     |
| Tallahassec, FL 32314   |                                               | 2661 Executive Center Circle |                                                |          |            |                                                                                                     |

Tallahassee, FL 32301

#### Articles of Amendment to Articles of Incorporation

### A BETTER FUTURE KIDS FOUNDATION, INC

| // PMIIHII                                                                                                        |                                            | D/ 111011, 1110             |                                        |
|-------------------------------------------------------------------------------------------------------------------|--------------------------------------------|-----------------------------|----------------------------------------|
| (Name of Corporation 28 cur                                                                                       | rently filed with the                      | : Florida Dept. of S        | tate)                                  |
| N16                                                                                                               | 0000005815                                 |                             | •                                      |
| (Document Nu                                                                                                      | (Document Number of Corporation (if known) |                             |                                        |
| Pursuant to the provisions of section 617,1000 the following amendment(s) to its Articles of                      |                                            | nis <i>Florida Not For</i>  | Profit Corporation adopt               |
| A. If amending name, enter the new name                                                                           | of the corporation:                        |                             |                                        |
| The new name must be distinguishable and abbreviation "Corp." or "Inc." "Company"                                 |                                            |                             | corporated" or the                     |
| B. <u>Enter new principal office address, if an</u><br>(Principal office address <u>MUST BE A STRE</u>            | plicable:<br>ET ADDRESS )                  |                             |                                        |
| ,                                                                                                                 | _                                          |                             |                                        |
| C. Enter new mailing address, if applicable (Mailing address MAY BE A POST OFF                                    | e:<br>ICE BOX)                             |                             |                                        |
| D. If amending the registered agent and/or new registered agent and/or the new reg  Name of New Registered Agent: | registered office addre                    | dress in Florida. 12<br>85: | nter the name of the                   |
| PROBE OF IVEH ARRIBIEFED AREA.                                                                                    |                                            | <del></del> _               | <del>_</del>                           |
| New Registered Office Address:                                                                                    | (Florida                                   | street oddress)             | <del></del>                            |
|                                                                                                                   |                                            |                             | , Florida                              |
|                                                                                                                   | (                                          | City)                       | (Zip Code)                             |
| New Registered Agent's Signature, if chang                                                                        | ing Registered Age                         | n <b>t</b> :                |                                        |
| hereby accept the appointment as registere position.                                                              | ed agent. I am fat                         | ntliar with and acc         | ept the obligations of the             |
|                                                                                                                   | Signature of New Re                        | wistered Acoust if ch       |                                        |
| •                                                                                                                 | ~ 5 mm - 0 0) 1101 10                      | A                           | ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~ |

## 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)

| Title       | Name                                                                               | Address                       | Type of Action                |
|-------------|------------------------------------------------------------------------------------|-------------------------------|-------------------------------|
|             |                                                                                    |                               | Add  Remove                   |
|             |                                                                                    |                               | Add  Remove                   |
|             |                                                                                    |                               | Add Remove                    |
| (attach a   | ding or adding additional Articles, entereditional sheets, if necessary). (Be spec | tfic)                         |                               |
|             | 2 - PURPOSE OF CORPORATIO                                                          |                               |                               |
| <u>Th</u>   | e Corporation is organized exclusive                                               | vely for charitable, religion | ous, educational, and         |
| scientific  | purposes, including, for such purpo                                                | ses, the making of distr      | ibutions to organizations     |
| that qualif | fy as exempt organizations under s                                                 | ection 501 (c) (3) of the     | Internal Revenue Code         |
| or corresp  | conding section of any future federa                                               | al tax code.                  |                               |
| ARTICLE     | 3 - PROHIBITIONS                                                                   |                               |                               |
|             | on the dissolution of the organization                                             | on, assets shall be distri    | buted for one or more         |
|             | urposes within the meaning of secti                                                | <u> </u>                      |                               |
|             | conding section of any future federa                                               |                               |                               |
|             | overnment, or to a state or local gov                                              |                               | <del></del>                   |
|             | it disposed of shall be disposed of t                                              |                               | <del></del>                   |
|             | principal office of the organization                                               | <u> </u>                      |                               |
| purposed    | or to such organization or organize                                                | ations, as said Court she     | all determine, which          |
| are organ   | ized and operated exclusively for s                                                | uch purposes. No subsi        | antial part of the activities |
| of the Cor  | rporation shall be carrying on of pro                                              | paganda, or otherwise         | attempting to influence       |
| legislation | n, or intervene any political campaig                                              | an of or in opposition to     | any candidate for office.     |

## 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)

| Title         | Name                                                                                                | Address                        | Type of Action |
|---------------|-----------------------------------------------------------------------------------------------------|--------------------------------|----------------|
|               |                                                                                                     |                                | Add Remove     |
|               |                                                                                                     |                                | Add Remove     |
|               |                                                                                                     |                                | ☐ Add ☐ Remove |
| (attach addi  | g or adding additional Articles, enter citional sheets, if necessary). (Be specific - CAPITAL STOCK | hange(s) here:                 |                |
| This (        | Corporation shall have no capital st                                                                | ock and shall be composed      | of members     |
| rather than s | shareholders.                                                                                       |                                |                |
| ARTICLE 10    | - QUALIFICATIONS OF MEMBEI                                                                          | ASHIP                          |                |
| The ca        | ategories of membership, qualificat                                                                 | ions for membership and the    | e manner       |
| of admission  | shall be as set forth in and regula                                                                 | ted by the By Laws of the Co   | orporation.    |
| ARTICLE 11    | - VOTING RIGHTS                                                                                     |                                |                |
| Memb          | ers of the Corporation will have suc                                                                | ch voting rights as are provid | ied in the     |
|               | he Corporations.                                                                                    |                                |                |
|               |                                                                                                     |                                | <del></del>    |
| <u> </u>      |                                                                                                     |                                |                |
|               | <u> </u>                                                                                            |                                |                |
| <u></u>       |                                                                                                     |                                |                |
|               | <u> </u>                                                                                            |                                |                |
|               | _ <del></del>                                                                                       |                                |                |
| ·····         |                                                                                                     |                                |                |
|               |                                                                                                     |                                |                |

| The date of each amendment(s                              | adaption: JUNE 5, 2011                                                                                                                                                                                            |
|-----------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| •                                                         | (date of adoption is required)                                                                                                                                                                                    |
| Effective date <u>if applicable</u> :                     | (no more than 90 days after amendment file date)                                                                                                                                                                  |
|                                                           |                                                                                                                                                                                                                   |
| Adoption of Amendment(s)                                  | (CHECK ONE)                                                                                                                                                                                                       |
| The amendment(s) was/were was/were sufficient for approx  | adopted by the members and the number of votes cast for the amendment(s) val.                                                                                                                                     |
| There are no members or me adopted by the board of direct | mbers entitled to vote on the amendment(s). The amendment(s) was/were stors.                                                                                                                                      |
| Dated JUNE Signature                                      | 15, 2011                                                                                                                                                                                                          |
| (By the                                                   | e chairman or vice chairman of the board, president or other officer-if directors not been selected, by an incorporator – if in the hands of a receiver, trustee, or court appointed fiduciary by that fiduciary) |
|                                                           | ARELIS MATOS                                                                                                                                                                                                      |
| -                                                         | (Typed or printed name of person signing)                                                                                                                                                                         |
| -                                                         | PRESIDENT                                                                                                                                                                                                         |
|                                                           | (Title of person signing)                                                                                                                                                                                         |

Pagel of !