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T. LEMIEUX

COVER LETTER

Division of Corporations			
NAME OF CORPORATION: Mother's	s cry, Inc.,	<u></u>	
DOCUMENT NUMBER: N1000000	8557		
The enclosed Articles of Amendment and fee are s	submitted for filing.		
Please return all correspondence concerning this m	atter to the following:	•	
Uma Eyyunni			
	(Name of Contact Perso	n)	
	(Firm/ Company)		
423 S3bastian Square			
St. Augustine, FL 3209	(Address)		
	(City/ State and Zip Cod	le)	
ueyyunni@gma			
· · · · · · · · · · · · · · · · · · ·	ised for future annual report	notification)	
For further information concerning this matter, ple		0.40.7000	
Ramanujam Eyyunni	at (<u>904</u>	810-7626	
(Name of Contact Person)	(Area C	ode & Daytime Telephone Number)	
Enclosed is a check for the following amount made	e payable to the Florida Dep	artment of State:	
\$35 Filing Fee \$\Bigcup \\$43.75 Filing Fee Certificate of State	& =\$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 Tallahassee, FL 32314	Ameno Divisio Cliftor	Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle	

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

Mother's Cry, Inc.,			
(Name of Corporation as currently	filed with the Fl	orida Dept. of State)	
N10000008557			
(Document)	Number of Corpo	ration (if known)	
Pursuant to the provisions of section 617.10 amendment(s) to its Articles of Incorporation		es, this <i>Florida Not For Profit Corpora</i>	tion adopts the following
A. If amending name, enter the new nam	e of the corporat	tion:	
N/A			The new
name must be distinguishable and contain t "Company" or "Co." may not be used in t		ation" or "incorporated" or the abbrevio	
B. Enter new principal office address, if	applicable:	N/A	
(Principal office address <u>MUST BE A STR</u>	<u>REET ADDRESS</u>)	
C. Enter new mailing address, if applica	ble:	NI/A	
(Mailing address <u>MAY BE A POST OF</u>	FICE BOX	N/A	
D. If amending the registered agent and/	or registered offi	as address in Florida, onton the name	of the
new registered agent and/or the new r	egistered office a	<u>ce address in Florida, enter the name (</u> address:	of the
Name of New Registered Agent:	N/A		
		(Florida street address)	
New Registered Office Address:			
_		, Florida	.
	(City)	(Zip Code	2)
New Registered Agent's Signature, if char	nging Registered	Agent:	^.
hereby accept the appointment as registere	eu agent. I am fa	muiar with and accept the obligations of	tne position.
Signa	tura of New Pegis	tered Agent, if changing	Es =
Signa	·		7 × ×
	•	Page 1 of A	Market State

E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific)
Organizational Document:
a. Said organization is organized exclusively for charitable,
educational and scientific purposes, including, for such
purposes , the making of distributions to organizations that
qualify as exempt organizations under section 501 (c) (3) of
the Internal Revenue Code, or corresponding section of any
future federal tax code
b. Upon the dissolution of the organization, assets shall be
distributed for one or more exempt purposes within the
meaning of section 501 (c) (3) of the Internal Revenue Code,
or corresponding section of any future federal tax code, or
shall be distributed to the federal government, or to a state
or local government , for a public purpose. Any such assets
not disposed of shall be disposed of by a court of Competent
Jurisdiction of the county in which the principal office of the
organization is then located, exclusively for such purposes
or to such organization or organizations, as said Court shall
determine, which are organized and operated exclusively
for such purposes.