# N1000010952

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2/10/11

### **COVER LETTER**

**TO:** Amendment Section **Division of Corporations** 

> P.O. Box 6327 Tallahassee, FL 32314

NAME OF CORPO	RATION: Pur	force Corp.	
DOCUMENT NUMI	BER: N1000	00 10952	
The enclosed Articles	of Amendment and fee are sub	mitted for filing.	
Please return all corres	spondence concerning this matt	ter to the following:	
	Terru (Name of	Contact Person)	
<del></del>	· (Firm	Purforce (Company)	
	P.O. Box	68009b	
	Min	Mi $FL. 33169$ de and $Zip Code)$	<u>}</u>
	Purforced E-mail address: (to be used	Le 6 mail. com	on)
For further information	n concerning this matter, please	e call:	
Terr	of Contact Person)	at (786) 286 (Area Code & Daytime	0527 Telephone Number)
Enclosed is a check fo	r the following amount made p	ayable to the Florida Department o	f State:
□ \$35 Filing Fee	□ \$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)
Ameno Divisio	g Address Iment Section on of Corporations ox 6327	Street Address Amendment Section Division of Corporations Clifton Building	,

2661 Executive Center Circle Tallahassee, FL 32301

# **Articles of Amendment**

**Articles of Incorporation** 

of	2011 MAR -7 PM 4: 25
Purforce Co	YP SECRETARY OF STATE
(Name of Corporation as currently filed with	the Florida Dept. of State
N10000010952	
(Document Number of Corporat	ion (if known)
rsuant to the provisions of section 617.1006, Florida Statutes e following amendment(s) to its Articles of Incorporation:	, this <i>Florida Not For Profit Corporation</i> ac
If amending name, enter the new name of the corporation	<u>n:</u>
te new name must be distinguishable and contain the word breviation "Corp." or "Inc." "Company" or "Co." may not	
Enter new principal office address, if applicable:	1230 NW 120st
rincipal office address <u>MUST BE A STREET ADDRESS</u> )	Miami FL 33167
Enter new mailing address, if applicable:	P 1 Bar 180096
(Mailing address <u>MAY BE A POST OFFICE BOX</u> )	P.O. Box 680096 Miami FL. 33168
If amending the registered agent and/or registered office	address in Florida, onton the name of the
new registered agent and/or the new registered office add	
Name of New Registered Agent:	
	·
New Registered Office Address: (Flori	da street address)
	, Florida
	(City) (Zip Code)
w Registered Agent's Signature, if changing Registered A ereby accept the appointment as registered agent. I am sition.	
Sionature 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)

Title	<u>Name</u>	Address	Type of Action
<u>D</u>	Olden Louis	1230 NW 120st. minni FC. 33167	☐ Add ☑ Remove
<u>D</u>	<u>Vintika Narin</u>	14340 NW 15th Dr. MIAM? FL. 33167	Add Remove
			☐ Add ☐ Remove

## E. If amending or adding additional Articles, enter change(s) here:

(attach additional sheets, if necessary). (Be specific)

Said corporation is organized exclusively for charitable, religious, 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 the corresponding section of any Future Federal tax code. pon the dissolution of the corporation assets shall be distributed for one or more exempt purposes within the of the Internal Revenue Code, or the corresponding section of Any Future Federal tax code, or shall be distributed to the Federal government, or to a state agreement, for a public purpose. Any such assets of by a Court of Competent Jurisdiction of the office of the corporation is in which the Principal 1 o xclusively for such purposes or organizations as said Court shall determine, which are organized operated exclusively for such purposes

The date of each amendment(s)	adoption: Januara, 8, 2011
``	(date of adoption is required)
Effective date <u>if applicable</u> :	
A	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/were a was/were sufficient for approva	dopted by the members and the number of votes cast for the amendment(s) at.
There are no members or men adopted by the board of direct	nbers entitled to vote on the amendment(s). The amendment(s) was/were ors.
Dated	January 8, 2011
Signature	The state of the s
	chairman or vice chairman of the board, president or other officer-if directors
	ot been selected, by an incorporator - if in the hands of a receiver, trustee, or
other co	ourt appointed fiduciary by that fiduciary)
	Terry Louis
	(Typed or printed name of person signing)
	President
_	(Title of person signing)