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ANEND FRO,112 **COVER LETTER**

TO: Amendment Section Division of Corporations

RECEIVED

Division of Co	orporations .		TO DEC SO HIT S: UL	
			SECRETARY OF STATE	
NAME OF CORPO	RATION: TP\	LOFA	TALLAMASSEE, FLORIDA	
DOCUMENT NUM	ber: <u>400 1883</u>	83224		
The enclosed Articles	of Amendment and fee are sub	omitted for filing.		
Please return all corre	espondence concerning this mat	ter to the following:		
JE	EAN MAXENE (Name of	BERNABE Contact Person)		
	(Firm	n/ Company)	<u>.</u>	
13338ourth Dixie Hwy AP+222				
Deer Field Reach Florida 33441 (City/ State and Zip Code)				
ATMORGO 892000 Grucul - Com E-mail address: (to be used for future annual report notification)				
For further information concerning this matter, please call:				
JEAN M. E (Name	SERVADE of Contact Person)	at (<u>551</u>) <u>67</u> 1 (Area Code & Day	U7U60 lime Telephone Number)	
Enclosed is a check fo	or the following amount made p	ayable to the Florida Departme	ent of 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)	
	ng Address dment Section	Street Address Amendment Section	, .	

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



FLORIDA DEPARTMENT OF STATE Division of Corporations

December 22, 2010

JEAN MAXENE BERNABE 1333 SOUTH DIXIE HWY, APT. 222 DEERFIELD BEACH Q, FL 33441

SUBJECT: IPVOFA,INC Ref. Number: N10000011341

We have received your document for IPVOFA,INC, however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$35.00.

The fee to file articles of amendment is \$35. Certified copies are optional and are \$8.75 for the first 8 pages of the document, and \$1 for each additional page, not to exceed \$52.50.

THE DOCUMENT NUMBER OF THE CORPORATION IS N10000011341. THE NAME OF THE CORPORATION IS IPVOFA, INC. IF YOU WISH TO CHANGE THE CORPORATE NAME, THE NEW NAME SHOULD BE WRITTIN IN #A. THE CORRECT CORPORATION NAME BELONGS IN THE HEADING.

If you have any questions concerning the filing of your document, please call (850) 245-6880.

Karen Gibson Document Specialist Supervisor

Letter Number: 610A00029663

Articles of Amendment to

Articles of Incorporation

				•				.
(N	ame (of Co.	rporation	as currently	filed with t	the Florida	Dept.	of State)

(Document Number of Corporation (if known)

Pursuant to the provisions of section 617.1006, the following amendment(s) to its Articles of Inc.		Profit Corporation adopts
A. If amending name, enter the new name of	the corporation:	
the new name must be distinguisnavle and coabbreviation "Corp." or "Inc." "Company" or		acorpulated of
B. Enter new principal office address, if appl (Principal office address MUST BE A STREET		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFIC		
D. If amending the registered agent and/or renew registered agent and/or the new regis		nter the name of the
Name of New Registered Agent:		
New Registered Office Address:	(Florida street address)	<u></u>
_		, Florida
	(City)	, Florida (Zip Code)
New Registered Agent's Signature, if changin		
I hereby accept the appointment as registered position.	agent. I am familiar with and acc	ept the obligations of the
	anature of New Registered Agent if c	hanaina

Change OF PURPOSE & PURPOSE OF IPVOFA

OUR MISSION IS TO GATHER A SOLID CORE OF HAITIAN PROFESSIONALS AND VETERANS TO DEVELOP A NEW LEADERSHIP IN HAITI AIMED AT BUILDING A PROFESSIONAL HAITIAN CORP BY PROVIDING TRAINING AND TECHNICAL SUPPORT TO YOUNG HAITIANS (FROM 17 YEARS OF AGE AND UP) TO CREATE A NEW LEVEL OF CONSCIOUSNESS AND PATRIOTISM TO SERVE AND PROTECT HAITIAN WELL-BEING.

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)

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
			Add Remove
	•		Add Remove
		icles, enter change(s) here: (Be specific)	
OUR		o Gather A Sol	
HALTL	AN AND VET		VELOD A NEW
LEAG	Dership in		
A PKI	sfessional	HAItian CORP	By PROVIDING
TKA	INING AND) Technical S	upport 700
You.	ng HAITIA	us (FROM) I't	years of
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•		10/17/10
The date of each amendment(s) a		10/11/10
Effective date <u>if applicable</u> :	(date of adoptio	n is required)
<u></u>	(no more than 90 days afte	er amendment file date)
Adoption of Amendment(s)	(CHECK ONE)	
was/were sufficient for approval	l. bers entitled to vote on the amer	number of votes cast for the amendment(s) ndment(s). The amendment(s) was/were
Dated/_	7/2610	
have not		e board, president or other officer-if directors ator – if in the hands of a receiver, trustee, or iduciary)
T	TEAN MAXEV (Typed or printed name	e of person signing)
	Chairman	vianina)

Page 3 of 3