## N100000 1132

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SECRETARY OF SIALL SECRETARY OF CORPORATIONS

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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPORATION: Preca	ous Ray Of Light Foundation. Inc
DOCUMENT NUMBER: N 10	0000 11632
The enclosed Articles of Amendment and fe	ee are submitted for filing.
Please return all correspondence concerning	this matter to the following:
Ilva M.	Name of Contact Person)
	(Firm/ Company)
	223 Terv (Address)
Cutter Ba	City/ State and Zip Code)
	to be used for future annual report notification)
For further information concerning this matt	ter, please call:
Ilvia M. Camej (Name of Contact Person)	at ( <u>786</u> ) <u>972 - 2340</u> (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount	nt made payable to the Florida Department of State:
\$35 Filing Fee  \$\$43.75 Filing Fe Certificate of Status	
Mailing Address  Amendment Section  Division of Corporations  P.O. Box 6327  Tallahassee, FL 32314	Street Address  Amendment Section  Division of Corporations  Clifton Building  2661 Executive Center Circle  Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of



Precious Ray Of Light Foundation (Name of Corporation as currently filed with the Florida Dept. of State)
(Name of Corporation as currently filed with the Florida Dept. of State)
N 100000 11632
(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:

Precious Ray Onew name must be distinguishable an eviation "Corp." or "Inc." "Compan	nd contain the word "corp y" or "Co." may not be us	ooration" or "l ed in the name	incorporated" or the
Enter new principal office address, if ncipal office address <u>MUST BE A STE</u>		и	./A
Enter new mailing address, if applica (Mailing address MAY BE A POST OF		A/h	
	<del></del>		
		ess in Florida,	enter the name of th
If amending the registered agent and/ new registered agent and/or the new in Name of New Registered Agent:		ess in Florida,	enter the name of th
new registered agent and/or the new	registered office address:	ess in Florida,	enter the name of th
Name of New Registered Agent:	registered office address:	eet address)	enter the name of th , Florida
Name of New Registered Agent:	registered office address:  (Florida str (Cit	eet address)	, Florida (Zip Code)

## 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
	A\/A		
			☐ Add ☐ Remove
E. If amen (attach d	nding or adding additional Art additional sheets, if necessary).	(Be specific)	
	•		

The date of each amendment(s) adoption:
(date of adoption is required)  Effective date if applicable: Day date after 1/13/11. The carlier the bester (no more than 90 days after amendment file date)
Adoption 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.
There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors.
<i>*</i>
Dated 1/31/2011 Signature April 1/2011
(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)
Tose Ramon Wartinez  (Typed or printed name of person signing)
(Title of person signing)