N/1000001564

| (Red | questor's Name) | |
|-------------------------|-------------------|-------------|
| (Ada | dress) | |
| (Add | dress) | |
| (Cit | y/State/Zip/Phone | e #) |
| PICK-UP | MAIT | MAIL |
| (Bu | siness Entity Nan | ne) |
| (Document Number) | | |
| Certified Copies | _ Certificates | of Status |
| Special Instructions to | Filing Officer: | |
| | | |
| | | |
| | | |

Office Use Only



600239877576

09/24/12--01043--007 **35.00

MIZ SEP 24 PH 2:58

Amend

OCT - 2 2012 T. LEWIS

COVER LETTER

TO: Amendment Section

| Division of Corporations | |
|-------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| NAME OF CORPORATION: MT (CAME | 1 Temple OF Refuge onc |
| DOCUMENT NUMBER: N 1100001 | |
| The enclosed Articles of Amendment and fee are submi | |
| Please return all correspondence concerning this matter | to the following: |
| Ricado M | Name of Contact Person) |
| O | Name of Contact Person) |
| MT Carmel Temple | OF Refuge Inc |
| | (Firm/ Company) |
| 563 Ferguson I | OR SIE. L |
| | (Address) |
| Onlando | 71 32805 |
| (0 | City/ State and Zip Code) |
| | |
| | |
| E-man address: (to be used in | or future annual report notification) |
| For further information concerning this matter, please ca | all: |
| Ricado Mª Queen | at (407) 495 - 3633 (Area Code & Daytime Telephone Number) |
| (Name of Contact Person) | (Area Code & Daytime Telephone Number) |
| Enclosed is a check for the following amount made paya | able to the Florida Department of State: |
| \$35 Filing Fee \$\Bigcup \\$43.75 Filing Fee & \Bigcup Certificate of Status | 1\$43.75 Filing Fee & □\$52.50 Filing Fee Certified Copy (Additional copy is enclosed) □\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is Enclosed) |
| Mailing Address | Street Address |
| Amendment Section | Amendment Section |
| Division of Corporations P.O. Box 6327 | Division of Corporations |
| Tallahassee, FL 32314 | Clifton Building 2661 Executive Center Circle |

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

FILED

| , | | OI | | | |
|---------------------------------------------------------------------------------------------|--------------------|---------------------------------------------------------|-----------------------------------------|-------------------------|--------------|
| MT (armel | Temple | OF Refuge, | anc. | 2012 SEP 24 | PM 2: 58 |
| (Name of Corporation as currently: | filed with the Flo | orida Dept. of State) | | SECRETARIN | 00 |
| 11.17 | 0000015 | 6.4 | | SECRETARY TALLAHASSE | OF STAIR |
| | Number of Corpor | | | ,,000[| - "LURICA |
| (2 3 3 3 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | | | | • | |
| Pursuant to the provisions of section 617.100 amendment(s) to its Articles of Incorporation | | es, this <i>Florida Not For</i> | Profit Corpo | oration adopts the | following |
| A. If amending name, enter the new name | e of the corporat | ion: | | | |
| | | | | | _The new |
| name must be distinguishable and contain th "Company" or "Co." may not be used in th | | ition" or "incorporated | " or the abbro | eviation "Corp." (| or "Inc." |
| B. Enter new principal office address, if a | | <u> </u> | | | - |
| (Principal office address <u>MUST BE A STR</u> | <u>EET ADDRESS</u> |) | | | |
| • | | | | | = |
| | | | · · - · · · · · · · · · · · · · · · · · | | - |
| C. Enter new mailing address, if applical | ble: | | | | |
| (Mailing address <u>MAY BE A POST OF</u> | | | | <u>-</u> | - |
| | | | | | |
| | | | | | - |
| | | | | | - |
| D. Kanada Dan da aratata da da da da | | 13 4 1 41 4 5 | | 6.1 | |
| D. If amending the registered agent and/or new registered agent and/or the new r | | | enter the nar | ne of the | |
| | | | • | | |
| Name of New Registered Agent: | 7-10 | aido Mi gue | en | - | |
| | 563 | ando Mc Gue Fenguson D R (Florida street address) | STE. | L | |
| | | (Florida street address) | | • | |
| New Registered Office Address: | D | lando | | _ | |
| _ | - Ol | lando | , Florida | 32805 | |
| | (City) | | (Zip C | Code) | |
| New Registered Agent's Signature, if char | naina Reaistered | A gent: | | | |
| I hereby accept the appointment as registere | | | he obligation | s of the position. | |
| | - /// | elle Queen | - | - | |
| Signa | | stered Agent, if changing | | - | |
| DIPTICE | いいし ひょうていれんじん | | | | |

Page 1 of 4

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)

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

| Example: X Change X Remove X Add | <u>V</u> <u>Mik</u> | n Doe de Jones y Smith | |
|-----------------------------------|---------------------|------------------------------|-------------------------------------------|
| Type of Action (Check One) | <u>Title</u> | <u>Name</u> | Address |
| 1) Change Add Remove | <u></u> | Ricardo Mª Queen | 563 Ferguson Dr. STEL Orlando FL 32805 |
| 2) Change Add | | Shayla C Cross | 563 Ferguson DR STEL Ollando FL 32805 |
| Remove 3) Change Add | S | MIÀ ARNOID | 563 Ferguson DR STEL Mando FL 32805 |
| Remove 4) Change Add Remove | <u>DP</u> | Lucille Gniffin | 2817 Gnassmere LN Orlando FL 32808 |
| 5) Change Add | | | |
| Remove 6) Change Add Remove | | | |

| E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific) | | | | |
|-----------------------------------------------------------------------------------------------------------------------------|----------|--|--|--|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | <u>-</u> | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

| • " · · · | * | | |
|-----------|----------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------|
| The date | e of each amendment(| (s) adoption: September 20, 2012 | |
| Effective | e date <u>if applicable</u> : | (s) adoption: September 20, 2012 Systember 20, 2012 | |
| | <u></u> | (no more than 90 days after amendment file date) | |
| Adoptio | n of Amendment(s) | (CHECK ONE) | |
| | e amendment(s) was/we s/were sufficient for app | ere adopted by the members and the number of votes cast for the amendm proval. | ent(s) |
| | ere are no members or ropted by the board of di | members entitled to vote on the amendment(s). The amendment(s) was/wirectors. | ⁄ere |
| | Dated | Sept. 20, 2012 | |
| | Signature | Deft. 20, 2012 Dicalo M. Guen | |
| | (By the have no | chairman or vice chairman of the board, president or other officer-if direct ot been selected, by an incorporator – if in the hands of a receiver, trustee ourt appointed fiduciary by that fiduciary) | |
| | | Picando M' Queen | |
| | | (Typed or printed name of person signing) | |
| | | President | |
| | | (Title of person signing) | |