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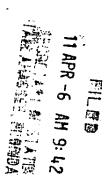
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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPO	ration: <u>PHILIPPINE</u>	BASIC NEEDS OUTLEA	ach Pholhm	
DOCUMENT NUM	BER: N 11 00000	1634		
The enclosed Articles	of Amendment and fee are sul	bmitted for filing.		
Please return all corre	espondence concerning this mat	tter to the following:		
	BRUCE WHE	F ATLEY  Contact Person)		
	(Name of	f Contact Person)		
	(Firm			
	(Firm	n/ Company)	·····	
	· ·	• • • •		
	6798 STIRLIA	L RD		
	6798 STIRLIN	Address)	<del></del>	
Цс	GYNAE O'AO	13024		
<del></del>	(City/ Sta	ite and Zip Code)		
	( ) ol.			
	GYNA E LAO	L. (OM		
	E-mail address: (to be use	ed for future annual report notific	ation)	
For further information	on concerning this matter, pleas	se call:		
	, r			
Beuce	WHEATIET	454 850	-9480	
(Name	of Contact Person)	at (454) & 50 (Area Code & Daytin	me Telephone Number)	
(**************************************	,	(	,	
Enclosed is a check for	or the following amount made p	payable to the Florida Departmen	t of State:	
X \$35 Filing Fee	☐ \$43.75 Filing Fee &	☐ \$43.75 Filing Fee &	□ \$52.50 Filing Fee	
455 75 7 60	Certificate of Status	Certified Copy	Certificate of Status	
		(Additional copy is enclosed)	Certified Copy (Additional Copy is enclosed)	
	ng Address	Street Address	· <b></b> ,	
	idment Section	Amendment Section		
Division of Corporations P.O. Box 6327		Division of Corporation Clifton Building	Division of Corporations	
Tallahassee, FL 32314		2661 Executive Cente	r Circle	

Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of

PHILLEPPINE BASIC NEEDS O	UTRIALH PROLAM, INC
(Name of Corporation as currently filed	with the Florida Dept. of State)
(Document Number of Co	
(Document Number of Co	rporation (if known)
Pursuant to the provisions of section 617.1006, Florida St the following amendment(s) to its Articles of Incorporation	· · · · · · · · · · · · · · · · · · ·
A. If amending name, enter the new name of the corpo	oration:  NA
The new name must be distinguishable and contain the abbreviation "Corp." or "Inc." "Company" or "Co." m	
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRE	N/A
C. Enter new mailing address, if applicable:	APR 6 AM
(Mailing address <u>MAY BE A POST OFFICE BOX</u> )	5
D. If amending the registered agent and/or registered new registered agent and/or the new registered offi	
Name of New Registered Agent:	N/A
New Registered Office Address:	(Florida street address)
	(City) , Florida (Zip Code)
New Registered Agent's Signature, if changing Registe I hereby accept the appointment as registered agent. position.	red Agent:  I am familiar with and accept the obligations of the
Signature o	f 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)

<u>Title</u>	Name	Address	Type of Action
DERECTOR	PAUL RODRIGUEZ	6798 STERLERGE RU HOLLYWOUD FL 33024	Add Remove
DRECTOR	WAYNE MARTEN	HOLLY LOOD FL 33014	Add Remove
	N/A		☐ Add ☐ Remove
	ling or adding additional Articles, endiditional sheets, if necessary). (Be sp		
		•	

The date of each amendment(s) a	adoption:
Effective date if applicable:	(date of adoption is required)
<u></u>	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/were ac was/were sufficient for approval	dopted by the members and the number of votes cast for the amendment(s)
There are no members or memadopted by the board of directo	bers entitled to vote on the amendment(s). The amendment(s) was/were ors.
Dated4	-1-1/
Signature	
have not	chairman of vice chairman of the board, president or other officer-if directors t been selected, by an incorporator – if in the hands of a receiver, trustee, or our appointed fiduciary by that fiduciary)
	BRUCE WHEATLEY (Typed or printed name of person signing)
<u></u>	(Typed or printed name of person signing)
	PRESTORNT DIRECTOR  (Title of person signing)
	(Title of person signing)