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Amend C.COULLIETTE

NOV 2 1 2011

EXAMINER

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPO	RATION: You're Troly	Bloss Corp.	
DOCUMENT NUM	BER: 11100000 200	E/	
The enclosed Articles	of Amendment and fee are sub	mitted for filing.	
Please return all corre	espondence concerning this matter	ter to the following:	
SI	nachae Wilder		
	(Name of	Contact Person)	
,	(Firm	ı/ Company)	
<u>P, a</u>	1 Bax 21074	Address)	
Ta	Mahossee FL 3	23/6 te and Zip Code)	
	(City/ Sta	te and Zip Code)	
	E-mail address: (to be use	d for future annual report notific	ation)
For further information	on concerning this matter, pleas	e call:	
(Name	of Contact Person)	at ()(Area Code & Daytii	me Telephone Number)
•		payable to the Florida Departmen	
□\$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)
	ing Address ndment Section	Street Address Amendment Section	io entroseay
	sion of Corporations	Division of Corporati	ons
	Box 6327	Clifton Building	on Ci-ol-
i alia	hassee, FL 32:314	2661 Executive Cente	r Circle

Tallahassee, FL 32301

Articles of Amendment Articles of Incorporation of

Youre Truly Bless Corp. (Name of Corporation as currently file	ed with the Florida Dept. of State)	
<u>11 00000 2004</u> (Document Number of Co		
Pursuant to the provisions of section 617.1006, Florida S the following amendment(s) to its Articles of Incorporati	Statutes, this Florida Not For Profit Corporation adopts	
A. If amending name, enter the new name of the corp	poration:	
The new name must be distinguishable and contain the abbreviation "Corp." or "Inc." "Company" or "Co." I		
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDR		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX	11 NOV 21 PH	
D. If amending the registered agent and/or registere new registered agent and/or the new registered of	ed office address in Florida, enter the name of the	•
Name of New Registered Agent:		
New Registered Office Address:	(Florida street address)	
 	, Florida	

position.

Signature of New Registered Agent, if changing

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the

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
				Add Remove
				Add Remove
		· · · · · · · · · · · · · · · · · · ·		Add Remove
മി.	(attach addit	g or adding additional Articles, enter clional sheets, if necessary). (Be specific 2 dissolution of the Corp.)	he distributed
<i>,</i>	,	r more exampt purposes w		
	501(c)(3) 25	The Internal Revenue Code .	or the Corresponding	sætion of any
	Seture Sea	loral tax code, or shall be d	listribulal to the fool	bral government
	or local a	overnment got a public purpos	e. Any Buch assets A	e 7 so disposion
	of shall b	a disposed of by a Court of	Competent Jurisd	liction of The
	COUNTY I'M	which the principal assise	e of the corporation	is then
	,	exclusivaly for such purposes		
	or cyunizati	ans, as said court shall do	forming, which are	organized
	and oper	atal exclusively for such po	rposes	
,),	Jaid	Yours Troly Bloss is	organized exclos	evely for
	Charitable	e, for such purposes, the	mating of distri	butions
	10 organiz	cuticus that goolisy as an	impt organization	ns under
	Section S	OLCO(3) of the Ineraul Rev	venue Code, or co	rresponding
	Spcfica	of any sutile fodoral tax	coda.	

The date of each amendment(s) adoption: 11/2/2011		
	(date of adoption is required)	
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file date)	
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were adwas/were sufficient for approval	opted by the members and the number of votes cast for the amendment(s).	
There are no members or membadopted by the board of director	pers entitled to vote on the amendment(s). The amendment(s) was/were rs.	
have not other co	t been selected, by an incorporator – if in the hands of a receiver, trustee, or urt appointed fiduciary by that fiduciary) handae Uilder (Typed or printed name of person signing)	
	(Title of person signing)	