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COVER LETTER

Division of Corporations	6
NAME OF CORPORATION: LA FONDATIO	IN LESAGE, INC.
DOCUMENT NUMBER:	21
The enclosed Articles of Amendment and fee are submitted for filing.	
Please return all correspondence concerning this matter to the following	Ç.
HEBREU DESSAUNES	t Person)
LA FONDATION LESAGE. (Firm/Comp	MC,
4519 LAKE WORTH (Address	
GREENACRES, FL 33	463
HDMSOUTIONS & YAH E-mail address: (to be used for future annual	FOO. COM report notification)
For further information concerning this matter, please call:	·
HEBREU DESAUNES (Name of Contact Person)	at 786 - 319 2474 (Area Code) (Daytime Telephone Number)
Enclosed is a check for the following amount made payable to the Florid	da Department of State:
\$35 Filing Fee S43.75 Filing Fee S43.75 Filing Fee Certificate of Status Certified Copy (Additional copenclosed)	Certificate of Status
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

Article	es of Incorporation	
	of '	6 G
(Name of Corporation as curre	SAGE, INC	Dent of State)
(Name of Corporation as curre	inty med with the riogida	Dept. of State)
NITODOOOZIZI		<u> </u>
(Document Num	ber of Corporation (if know	n)
Pursuant to the provisions of section 617.1006, Florida Statu amendment(s) to its Articles of Incorporation:	tes, this Florida Not For Pr	ofit Corporation adopts the following
A. If amending name, enter the new name of the corpora	tion:	
		T
name must be distinguishable and contain the word "corpor	ation" or "incorporated" o	The new
"Company" or "Co," may not be used in the name.	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	•
D. Enter new principal office address if applicable	4519 1AKI	E WORTH RD
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS		27/12
	GREENACA	(E), PC 33463
		,
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	PN BOX	54//35
(muning unitess MAT BE AT 051 01 11ee BOA)	6050100	OF 51 83151
	GRIENAL	RES, FL 33454
		<u> </u>
	er it stands and	41
D. If amending the registered agent and/or registered off new registered agent and/or the new registered office		er the name of the
	1/12	
Name of New Registered Agent:	N//-	
New Registered Office Address:	(Florid	a street address)
New Registered Office Address.		
		, Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if changing Registere	d Agent:	
I hereby accept the appointment as registered agent. I am j	familiar with and accept the	obligations of the position.
	Signature of New Registere	d 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)

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

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

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>PT</u> <u>V</u> <u>SV</u>	John Doe Mike Jones Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change		_	
Add			
Remove			
2) Change	 		
Add			
Remove		•	
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
Kemove			
6) Change			
Add			
Remove			

(attach additional sheets, if ne	tional Articles, enter change(s) here: ecessary). (Be specific)	
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	,	
	, <u>up</u>	
		·:::::::
		, <u>,</u> ,

The date of each amendment(s) ado date this document was signed. Effective date <u>if applicable</u> :	ption: 6/21/2016 H29/16 (no more than 80 days after amendment file days)	, if other than the
Note: If the date inserted in this block document's effective date on the Department.	k does not meet the applicable statutory filing requirers artment of State's records.	rements, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were ado was/were sufficient for approval.	pted by the members and the number of votes cast for	or the amendment(s)
There are no members or member adopted by the board of director	ers entitled to vote on the amendment(s). The amends.	dment(s) was/were
Dated 7/2	1/16 Only	
Signature		
have not beer	nan or vice chairman of the board, president or other a selected, by an incorporator – if in the hands of a re appointed fiduciary by that fiduciary)	
	HEBREU DESSAL (Typed or printed name of person sign	UNES ning)
	(Title of person signing)	Γ