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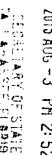
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AUG 0 4 2014 C. CARROTHERS

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATIO	N:CARING	ARMS INTERNATIONA	AL, INC				
OCUMENT NUMBER:							
The enclosed Articles of Ame							
Please return all corresponde	nce concerning this ma	tter to the following:					
		SOPHIA THOMAS					
	Name of Contact Person						
CARING ARMS INTERNATIONAL, INC							
	Firm/ Company						
P.O. BOX 10703							
	Address						
	POMPANO, FLORIDA 33061						
	City/ State and Zip Code						
	ca	ringarms1@gmail.com					
E	-mail address: (to be us	sed for future annual report					
		,					
For further information conce	erning this matter, pleas	se call:					
SOPHIA THOMAS		at (222-9075				
Name of Contact Person		Area Co	de & Daytime Telephone Number				
Enclosed is a check for the fo	ollowing amount made	payable to the <u>Florida Depa</u>	artment of State:				
\$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)				
Mailing A			Address				
Amendment Section Division of Corporations		Amendment Section Division of Corporations					

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

(Name of Corporation as current	ly filed with the Florida Dent. of State)		
CADIMO ADMO INTEDI	, met with the Florida Depti of State	∂ i <u>n</u>	
CARING ARMS INTERNATIONAL, INC		▶	
(Document Number of Corporation (if known)			
tursuant to the provisions of section 607.1006, Florida Statutes, this is Articles of Incorporation:	Florida Profit Corporation adopts the follow	ring amendin	
A. If amending name, enter the new name of the corporation:		en E	
CARING ARMS FOUNDA	ATION, INC	The ne	
name must be distinguishable and contain the word "corporatio "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or word "chartered," "professional association," or the abbreviation	"Co". A professional corporation name mus	abbreviatio	
B. Enter new principal office address, if applicable: Principal office address MUST BE A STREET ADDRESS)			
(mcipul office uturess <u>most be A Street Abbress</u>)	2681 N. FLAMINGO ROAD APT 601 S		
	PLANTATION, FLORIDA 33323		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	P.O. BOX 10703		
	POMPANO BEACH, FLORIDA 33061		
D. If amending the registered agent and/or registered office add new registered agent and/or the new registered office addres	Iress in Florida, enter the name of the		
	Iress in Florida, enter the name of the		
<u>Name of New Registered Agent</u> NA Name of New Registered Agent	Iress in Florida, enter the name of the		
<u>Name of New Registered Agent</u> NA Name of New Registered Agent	dress in Florida, enter the name of the is:		

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 <math>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	<u>PT</u>	John Doe	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change		N/A	
Add			
Remove			
2) Change		N/A	
Add			~. <u></u>
Remove			
3) Change		N/A	· · · · · · · · · · · · · · · · · · ·
Add			
Remove			
4) Change		N/A	
Add			
Remove			
5) Change		N/A	
Add			
Remove			
6) Change		N/A	
Add	-		
Remove			

E. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)
N/A
N/A
F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares,
provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)
N/A
do al
<u> </u>

A	JULY 27, 2015		
The date of each amendment(s) date this document was signed.			, if other than th
date this document was signed.	JULY 27, 2015		
Effective date if applicable:			
- • ·	(no more than 90 c	days after amendment file date)	
Note: If the date inserted in the document's effective date on the		ble statutory filing requirements, this date will	not be listed as th
Adoption of Amendment(s)	(<u>CHECK ONE</u>)		
☐ The amendment(s) was/were by the shareholders was/were		number of votes east for the amendment(s)	
		gh voting groups. The following statement of the separately on the amendment(s):	
	ast for the amendment(s) was/were	sufficient for approval	
by	(voting group)		
	(voting group)		
☐ The amendment(s) was/were action was not required.	adopted by the board of directors w	rithout shareholder action and shareholder	
The amendment(s) was/were action was not required.	adopted by the incorporators withou	ut shareholder action and shareholder	
JULY	27, 2015		
DatedSignature		— <i>S</i>	<u>. </u>
		r – if directors or officers have not been	
		hands of a receiver, trustee, or other court	
арро	ointed fiduciary by that fiduciary)		
	SOPHIA T	'HOMAS	
	(Typed or printed na	me of person signing)	
	PRESID	DENT	
	(Title of	person signing)	