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STATE
AHASSEE, FLORIDA

12-30-4

TO: Amendment Section **Division of Corporations**

NAME OF CORP	ORATION: Community Inv	volveme	nt And	d Improvem	ent Foundation
DOCUMENT NU	MBER: N11000005423				
The enclosed Article	les of Amendment and fee are sub	mitted for t	filing.		
Please return all con	rrespondence concerning this matt	er to the fo	llowing:		
		M PUW			
	(Name of	Contact Pe	rson)		
	Community Involvement An	d Improv	ement	Foundation C	Corp
	(Firm	/ Company)		
	11540 N	W 29th P	lace		
	(A	(ddress			
	Sunris	e, Fl. 333	23		
	(City/ Stat	e and Zip (Code)		
	davidpuwo E-mail address: (to be used			eport notification	on)
For further informa	tion concerning this matter, please	call:			
DAVID PUWOL		at (954	873-2520	
(Nam	ne of Contact Person)		(Area Co	ode & Daytime	Telephone Number)
Enclosed is a check	for the following amount made pa	ayable to th	e Florid	a Department of	State:
□\$35 Filing Fee	☐ \$43.75 Filing Fee & Certificate of Status	Certifie	•	y is	□ \$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Am Div P.O	iling Address endment Section ision of Corporations Box 6327 lahassee, FL 32314		Division Clifton I 2661 Ex	nent Section of Corporations	rcle

Articles of Amendment to **Articles of Incorporation**

Community Involvement And Improvement Foundation Corp (Name of Corporation as currently filed with the Florida Dept. of State)

N11000005	423	
(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		Profit Corporation adopts
A. If amending name, enter the new name of the corp	oration:	100 12 N
The new name must be distinguishable and contain the abbreviation "Corp." or "Inc." "Company" or "Co." m		orporated or the
B. Enter new principal office address, if applicable; (Principal office address MUST BE A STREET ADDRE	<u> </u>	- Company
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
D. If amending the registered agent and/or registered new registered agent and/or the new registered offi		ter the name of the
Name of New Registered Agent:		
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.		of the obligations of the
Ci	(Now Posistanad Agant if the	

Signature of 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>	<u>Name</u>	Address	Type of Action
<u>VP</u>	Dr. Debbie Jacobson	7025 Woodmont Way Tamarac, Fi. 33321 US	□ Add □ □ Remove
SEC	Dr. Debbie Jacobson	7025 Woodmont Way Tamarac, Fl. 33321 US	Ø Add □ Remove
<u>VP</u>	Vivian T Powtakien	11540 NW 29th Place Sunrise, Fl. 33323 US	☑ Add ☑ Remove
SEE A	ADDITIONAL PAGE Z	(3)	
	ng or adding additional Articles, ento ditional sheets, if necessary). (Be spec Articles		
a. Said Cor	poration is organized exclusively	for charitable, religious, edu	ucational, and
scientific p	urposes, including, for such purpo	oses, the making of distribut	ions to
organizatio	ns that qualify as exempt organiz	rations under section 501(c)	(3) of the
Internal Re	venue Code, or corresponding se	ection of any future tax code	
b. Upon the	e dissolution of the corporation, a	ssets shall be distributed for	one or more
exempt pur	poses within the meaning of sec	tion 501(c)(3) of the Internal	Revenue Code,
or the corre	sponding section of any future fe	ederal tax code, or shall be d	istributed to
the federal	government, for public purpose.	Any such assets not so disp	osed of shall
be dispose	d of by a Court of Competent Jur	isdiction of the county in whi	ch the
principal of	fice of the corporation is then loc	ated, exclusively for such pu	rposes or to
such organ	ization or organizations, as said	Court shall determine, which	are organized
and operate	ed for such purposes.		

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>	<u>Name</u>	<u>Address</u>	Type of Action
D	Vivian T Powtakien	11540 NW 29th Place	□ Add
		Sunrise Fl. 33323	_ ☑ Remove
		Sumse II. 55525	_ M Kemove
_	Paradia and Atlanta		•
<u>D</u>	Ferdinand Nkouaga	11540 NW 29th Place	_ 🛮 Add
		Sunrise Fl. 33323	Remove
		.	-
D	Meaghan Farrell	1512 S Cameron Ct	☑ Add
		Tampa Fl. 33629	Remove
			•
E. If amendi	ing or adding additional Articles, enter ditional sheets, if necessary). (Be specif	change(s) here: fic)	
	,		
		•	

	14-14-14		_ ,
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The date of each ame	ndment(s) adoption: Adgust 1st, 20.11
V *	(date of adoption is required)
Effective date if appli	
	(no more than 90 days after amendment file date)
Adoption of Amendm	ent(s) (<u>CHECK ONE</u>)
The amendment(s) was/were sufficient	was/were adopted by the members and the number of votes cast for the amendment(s) for approval.
There are no member adopted by the boar	bers or members entitled to vote on the amendment(s). The amendment(s) was/were rd of directors.
Date	d August 22nd, 2011
Sign	ature Alexender
_	(By the chairman of vice chairman of the board, president or other officer-if directors have not been selected, by an incorporator – if in the hands of a receiver, trustee, o other court appointed fiduciary by that fiduciary)
	DAVID M PUWOL
	(Typed or printed name of person signing)
	PRESIDENT
	(Title of person signing)

Page 3 of 3