11/10000/6483

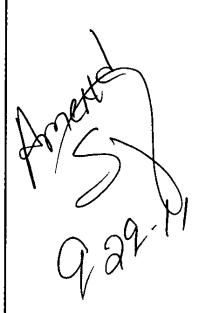
(Requestor's Name)		
(Address)		
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COVER LETTER

TO: Amendment Section
Division of Corporations

	NAME OF CORPORATION: Patrick Peterson Foundation For Succes	פע					
	DOCUMENT NUMBER: N 11 00000 6483						
	The enclosed Articles of Amendment and fee are submitted for filing.						
Please return all correspondence concerning this matter to the following:							
	Shandra Peterson						
	(Name of Contact Person)						
R	atrickPeterson Foundation For Success (Firm/Company)						
	211 NW 17th Court (Address)						
	Pompano BUH, FL 33060 (City/State and Zip Code)						
	E-mail address: (to be used for future annual report notification)						
	For further information concerning this matter, please call:						
	Shandra Peterson at (954) 317.8362 (Name of Contact Person) (Area Code & Daytime Telephone Number)						
	Enclosed is a check for the following amount made payable to the Florida Department of State:						
	Image: State of						
	Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center Circle Tallahassee, FL 32301						

Articles of Amendment

to

Articles of Incorporation	on
---------------------------	----

TATRICK Teterson (Name of Corporation as currently file	Foundation For dwith the Florida Dept. of State	Success 1
MIDO	0000 6U83	_
(Document Number of C	orporation (if known)	**************************************
ursuant to the provisions of section 617.1006, Florida Sine following amendment(s) to its Articles of Incorporation		ofit Corporation adopts
. If amending name, enter the new name of the corp	poration:	SEP 21
the new name must be distinguishable and contain the bbreviation "Corp." or "Inc." "Company" or "Co." r	e word "corporation" or "incomay not be used in the name.	rporated for the
. Enter new principal office address, if applicable: Principal office address <u>MUST BE A STREET ADDR</u>	PESS)	DRIVE STATE OF THE
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX))	
		
. If amending the registered agent and/or registered new registered agent and/or the new registered of		r the name of the
Name of New Registered Agent:		-
New Registered Office Address:	(Florida street address)	-
		, Florida
	(City)	(Zip Code)
ew Registered Agent's Signature, if changing Regist hereby accept the appointment as registered agent. osition.		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)

Selection of the select

<u>Title</u>	<u>Name</u>	Address	Type of Action
VY	Shander Johnsm.	Peters in 211 M.W. 17th Course	JR-b ☑ Add
le pres	sident.	Compano Brach 1	Remove
			🗖 Add
			☐ Remove
		,	
E. If amen	ding or adding additional Arti	cles, enter change(s) here:	
(attach a	additional sheets, if necessary).	(Be specific)	
			
			
			
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· · · · · · · · · · · · · · · · · · ·			<u> </u>
			
			
			•

The date of each amendment(s) a	doption: 320+ 3,2011
	(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 ad was/were sufficient for approval	opted by the members and the number of votes cast for the amendment(s)
There are no members or members adopted by the board of director	pers entitled to vote on the amendment(s). The amendment(s) was/were rs.
have not	chairman or vice chairman of the board, president or other officer-if directors been selected, by an incorporator – if in the hands of a receiver, trustee, or art appointed fiduciary by that fiduciary) (Typed or printed name of person signing)
	CEO
	(Title of person signing)

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