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SECRETARY ON STATE

OCT 1 % 2013

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COVER LETTER

Division of Corporations		
NAME OF CORPORATION: The B.L.	T.S.S. Foundation, In	<u>C.</u>
DOCUMENT NUMBER:	007982	
The enclosed Articles of Amendment and fee are subm	nitted for filing.	
Please return all correspondence concerning this matter	er to the following:	
Annonétha Rickia		
	(Name of Contact Person)	
	(Firm/ Company)	
- 1111 Lincoln Road	, 4th Floor	
	(Address)	
Micmi Beach FI.	. 33139	
	(City/ State and Zip Code)	
E-mail address: (to be used	for future annual report notification)	
For further information concerning this matter, please of	call:	
Annutha Mithell (Name of Contact Person)	at (305) 924-8408	
,	(Area Code & Daytime Telephone Num	ioer)
Enclosed is a check for the following amount made pay	yable to the Florida Department of State:	
\$35 Filing Fee \$\Bigcup \$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & □\$52.50 Filing Fee Certified Copy (Additional copy is enclosed) □\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is Enclosed)	
Mailing Address Amendment Section	Street Address	
Division of Corporations	Amendment Section Division of Corporations	

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

TO: Amendment Section

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

		16 OCT -9	AM 10: 20	
, 6	Articles of Amendment	•	. (**	
	to Articles of Incorporation	SECRETARY O	MSTATE:	
·	of	MULTHUROSEII,	FLUXIDA.	
The KITSS F	andotion. The	*		
(Name of Corporation as currently filed	with the Florida Dept. of State	D .	7,	
MINMONINA)	1	, ,	8
(Document)	Number of Corporation (if knows	n)	111	
Pursuant to the provisions of section 617.1006, Famendment(s) to its Articles of Incorporation:	lorida Statutes, this <i>Florida Not</i>	For Profit Corporation	n adopts the follow	wing
A. If amending name, enter the new name of	the corporation:		, ř	
The I Heart Rick	ia Foundation	, Inc		new
name must be distinguishable and contain the wo "Company" or "Co." may not be used in the na		sted" or the abbreviate	ion "Corp." or "In	nc."
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	···		the state of the s	
B. Enter new principal office address, if appli (Principal office address MUST BE A STREET	cable:	<u> </u>	<u> </u>	í
	, <u></u> ,		· ; ;	
		•	1 1	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFIC	E BOX)			
		:		
			····	
D. If amending the registered agent and/or re new registered agent and/or the new regist	gistered office address in Flori ered office address:	da, enter the name of	the	
Name of New Registered Agent:			÷	
			, r	
· · · · · · · · · · · · · · · · · · ·	(Florida street address)		, i	
New Registered Office Address:		, ,	14 3 £	1
		, Florida	3 4	_
	(City)		(Zip Code)	
New Registered Agent's Signature, if changing	g Registered Agent:	i :	•	
l hereby accept the appointment as registered ag	ent. I am familiar with and acc	ept the obligations of t	he position.	
		·	F F	
Sign	ature of New Registered Agent, i	f changing	:	

Page 1 of 4

The date of each amendment(s) ad	option:	, if other than the
date this document was signed.		
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 approva	opted by the members and the number of votes cast for the amendment(s) l.	
There are no members or membadopted by the board of director	pers entitled to vote on the amendment(s). The amendment(s) was/were ars.	
Dated NO	/20/3	
Signature (Pu the chair	man or vice chairman of the board, president or other officer-if directors	
	en selected, by an incorporator – if in the hands of a receiver, trustee, or	
	appointed fiduciary by that fiduciary)	
Annoné	tha Rickia Mitchell (Typed or printed name of person signing)	
F	resident	
 ,	(Title of person signing)	