N1100009854

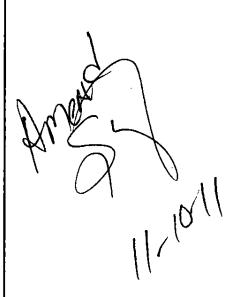
| (Re | equestor's Name) | |
|-------------------------|-------------------|-------------|
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| PICK-UP | ☐ WAIT | MAIL |
| (Bu | siness Entity Na | me) |
| (Do | cument Number) | |
| Certified Copies | _ Certificates | s of Status |
| Special Instructions to | Filing Officer: | |
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Office Use Only



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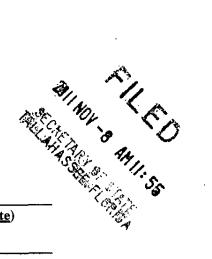


COVER LETTER

TO: Amendment Section Division of Corporations

| NAME OF CORPORATION: The Flame Soci | lety, Inc. | |
|--|--|--|
| DOCUMENT NUMBER: N11000009854 | | |
| The enclosed Articles of Amendment and fee are s | submitted for filing. | |
| Please return all correspondence concerning this m | natter to the following: | |
| Robert Pianka | | |
| (Name | of Contact Person) | |
| The Flame Society, Inc. | | |
| (Fi | irm/ Company) | |
| 5975 W. Sunrise Blvd. Suite 115 | | |
| | (Address) | |
| Sunrise, FL 33313 | 17. 0.1) | |
| (City/ S | State and Zip Code) | |
| bob@theflamesociety.org E-mail address: (to be u | ised for future annual report notif | ication) |
| For further information concerning this matter, ple | - | · |
| Daham Biasto | .054 > 594.04 | 01 |
| Robert Pianka (Name of Contact Person) | at (954) 581-01 (Area Code & Day | time Telephone Number) |
| Enclosed is a check for the following amount made | e payable to the Florida Departme | ent of State: |
| ☑\$35 Filing Fee | ☐\$43.75 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 Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 | Street Address Amendment Section Division of Corpora Clifton Building 2661 Executive Cer Tallahassee, FL 323 | n utions uter Circle |

Articles of Amendment to Articles of Incorporation of



| The Flame Society, Inc. | | |
|---|---|----------------------------|
| (Name of Corporation as currently file | ed with the Florida Dept. of S | tate) |
| N11000009854 | | • • |
| (Document Number of C | Corporation (if known) | |
| Pursuant to the provisions of section 617.1006, Florida the following amendment(s) to its Articles of Incorpora | | Profit Corporation adopts |
| A. If amending name, enter the new name of the con | rporation: | |
| The new name must be distinguishable and contain to abbreviation "Corp." or "Inc." "Company" or "Co." | | corporated" or the |
| B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADD | | |
| | | |
| C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO) | S | |
| | · · · · · · · · · · · · · · · · · · · | |
| D. If amending the registered agent and/or registered new registered agent and/or the new registered of Name of New Registered Agent: | | nter the name of the |
| rame of tver registered right. | , <u>, , , , , , , , , , , , , , , , , , </u> | _ |
| New Registered Office Address: | (Florida street address) | |
| | | , Florida |
| | (City) | (Zip Code) |
| New Registered Agent's Signature, if changing Regil I hereby accept the appointment as registered agent. position. | | ept the obligations of the |
| Signatur | e of New Registered Agent, if ch | anging |

If AMENDING the Officers and/or Directors, please list all officers/directors of the corporation as you now want the record to be. Please indicate the title(s), name and address for each officer/director. (Our database can index up to 6 officers/directors. If you have more than 6 officers/directors, please list them

on an additional sheet.)

| Title(s) | Name | | Address | |
|----------------------|-----------------------------------|------------------------|--|-------------|
| 1)CEO | Emil Levy | 5975 | W. Sunrise Blvd. Suite 115 | 5 |
| | | Sunrise | FL 33313 | |
| 2) Door | Robert Pianka | 5075 V | t, Sunrise Blvd. Suite 115 | |
| 2) <u>Pres</u> | Trouble Training | | FL 33313 | |
| a)/P | Rabbi Yaakov Thompson | | 1 Oursides Divid Cuits 445 | |
| 3) <u>VP</u> | Rabbi Taakov (Tioriipsori | | /. Sunrise Blvd. Suite 115 FL 33313 | |
| 4) Sec | Ellen Hodges | | V. Sunrise Blvd. Suite 115 | |
| | | Sunnse | FL 33313 | |
| 5) | | | | |
| 6) | | | | |
| 0) | | | | |
| | | | | |
| If REMOVING removed: | an officer and/or director, pleas | se list the title(s) a | nd name of the officer/dire | ector to be |
| Title(s) | <u>Name</u> | Title(s) | <u>Name</u> | |
| 1) Tres | Linda Medvin | 4) | | |
| 2) | | 5) | | |
| 3) | | 6) | | |

| If amending or adding additional Art attach additional sheets, if necessary). | (Be s _i | pecific) | | | | |
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| The date of each amendmen | t(s) adoption: November 1, 2011 |
|--|--|
| , and a substitution of the substitution of th | (date of adoption- required) |
| Effective date if applicable: | November 1, 2011 |
| | (no more than 90 days after amendment file date) |
| Adoption of Amendment(s) | (CHECK ONE) |
| The amendment(s) was/were sufficient for app | ere adopted by the members and the number of votes cast for the amendment(s) proval. |
| There are no members or neadopted by the board of directions | nembers entitled to vote on the amendment(s). The amendment(s) was/were ectors. |
| Signature _ (By | y the chairman or vice chairman of the board, president or other officer-if directors we not been selected, by an incorporator – if in the hands of a receiver, trustee, or her court appointed fiduciary by that fiduciary) |
| | Robert Pianka |
| | (Typed or printed name of person signing) |
| | President |
| | (Title of person signing) |

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