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COVER LETTER

TO: Amendment Section Division of Corporations

Division of Corporations		
NAME OF CORPORATION: Communaute	e Charitable du l	Morne Pele Corporation
DOCUMENT NUMBER: 0242676410	6	
The enclosed Articles of Amendment and fee are subr	nitted for filing.	
Please return all correspondence concerning this matter	er to the following:	
Dr. Marlene Felix-Marce	lin	
	(Name of Contact Person)
Communaute Charitable	du Morne	Pele Corporation
	(Firm/ Company)	
1941 NW 185 TR		
	(Address)	
Miami Gardens, FL 330	56	
	(City/ State and Zip Code	e)
felixma48@yahoo		
E-mail address: (to be used		notification)
For further information concerning this matter, please	call:	
Dr. Marcelin	_{at (} 786	<u>356-2158</u>
(Name of Contact Person)	(Area Co	ode & Daytime Telephone Number)
Enclosed is a check for the following amount made pa	yable to the Florida Depa	rtment 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	Amend Divisio Clifton 2661 E	Address ment Section n of Corporations Building xecutive Center Circle ussee, FL 32301

Articles of Amendment Articles of Incorporation

Communaute Charitable du Morne Pele Corporation

(Name of Corporation as currently filed with the Flo	rida Dept. of State)	
024267641	6	
(Document Number of Corpora	ation (if known)	
Pursuant to the provisions of section 617.1006, Florida Statute amendment(s) to its Articles of Incorporation:	s, this <i>Florida Not For Profit Corporation</i> a	dopts the following
A. If amending name, enter the new name of the corporati	on:	
N/A		The new
name must be distinguishable and contain the word "corporat "Company" or "Co," may not be used in the name.	ion" or "incorporated" or the abbreviation	
B. Enter new principal office address, if applicable:	N/A	ALL ALL
(Principal office address <u>MUST BE A STREET ADDRESS</u>)		SE
		THE REPORT
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A	100 P
	塘	6 配复
		·
D. If amending the registered agent and/or registered offic new registered agent and/or the new registered office ac		
Name of New Registered Agent: N/A		
	Florida street address)	
New Registered Office Address:		

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

N/A

Signature of New Registered Agent, if changing

Page 1 of 4

Florida (Zip Code) 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 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 X Remove X Add	PT John I V Mike SV Sally	<u>Jones</u>	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	PT	Dr. Marlene Felix-Marcelin	1941 NW 185 TR
X Add			Miami Gardens, FL 33056
Remove			
2) Change	TS	Jephte Joseph	1120 NW 102 St
X Add			Miami, FL 33150
Remove			
3) Change	TD_	Manius Jean	6220 Wiley Street
Add			Hollywood, FL 33023
X Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

E. If amending or adding additional Articles, enter change(s) here:		
(attach additional sheets, if necessary).	(Be specific)	
N 4 / 4		
N/A		
<u> </u>		
	·	
	•	

The date of each amendmen	t(s) adoption: August 21, 2012	
Effective date <u>if applicable</u> :	August 21, 2012	
interive date in appreciate.	(no more than 90 days after amendment file date)	•
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/w was/were sufficient for a	vere adopted by the members and the number of votes cast for the amendment(s) pproval.	
There are no members or adopted by the board of Dated Signature	members entitled to vote on the amendment(s). The amendment(s) was/were directors.	
(By the	chairman or vice chairman of the board, president or other officer-if directors not been selected, by an incorporator – if in the hands of a receiver, trustee, or court appointed fiduciary by that fiduciary)	
	Dr. Marlene Felix-Marcelin	
	(Typed or printed name of person signing)	
	President, Treasurer, Director	
	(Title of person signing)	