M12000004592

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SECRETARY OF STATE TALLAHASSEE, FLORIDA

APPROVEE AND FILED



COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: House of N	Mentoring & I	Empowerment Inc.
DOCUMENT NUMBER: N1200000	4592	······································
The enclosed Articles of Amendment and fee are subr	nitted for filing.	
Please return all correspondence concerning this matte	er to the following:	
Mónica Méndez		
	(Name of Contact Person)
House of Mentoring &	Empowerr	nent Inc.
	(Firm/ Company)	
P.O. Box 555100		
	(Address)	
Orlando, FL 32855	`	
	(City/ State and Zip Code	e)
info@homefl.org		
E-mail address: (to be used	for future annual report r	notification)
For further information concerning this matter, please	call:	
Mónica Méndez	_{at} 407	9634779
(Name of Contact Person)		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 & Certificate of Status	■\$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 on of Corporations Building xecutive Center Circle assee, FL 32301

Articles of Amendment to Articles of Incorporation

	Articles	s of Incorporation of		
N12000004592	with the Fit	And Empowerment, I	<u>n</u> C .	
(Document N	Number of Co	orporation (if known)		
Pursuant to the provisions of section 617.1006, Floamendment(s) to its Articles of Incorporation:	orida Statute	es, this Florida Not For Profit Corporation adopts t	the following	
A. If amending name, enter the new name of the	he corporat	tion:		
N/A			The new	
name must be distinguishable and contain the wor "Company" or "Co." may not be used in the nam		ntion" or "incorporated" or the abbreviation "Corp.	." or "Inc."	
B. Enter new principal office address, if applic (Principal office address <u>MUST BE A STREET</u>)		N/A)		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	E <i>BOX</i>)	N/A	13 SEP -4 SECRETARY TALLAHASSE	. FIL
D. If amending the registered agent and/or registered agent and/or the new registered Agent: Name of New Registered Agent:	ered office a		AH 10: 08 OF STATE E. FLORIDA	ED
N/A	4			
New Registered Office Address:	·	(Florida street address)		
<u>N/A</u>		, Florida N/A		
	(City)	(Zip Co	ode)	
New Registered Agent's Signature, if changing I hereby accept the appointment as registered age		l Agent: umiliar with and accept the obligations of the positio	n .	

Page 1 of 4

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)

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	<u>PT</u> <u>V</u> <u>SV</u>	John Doe Mike Jones Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change		N/A	
Add			
Remove			
2) Change		<u>N/A</u>	
Add			
Remove			
3)Change		<u>N/A</u>	
Add			-12-11-1
Remove			
4) Change	<u></u>	N/A	
Add			
Remove			
5)Change		N/A	
Add			
Remove			
6) Change		N/A	
Add			
Remove			

E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific)

a. said organization is organized exclusively for charitable, religious, educational, and
scientific purposes, including, for such purposes, the making of distributions to
organizations that qualify as exempt organizations under section 501(c)(3) of the
Internal Revenue Code, or corresponding section of any future federal tax code.
b. Upon the dissolution of the organization, assets shall be distributed for one or more
exempt purposes within the meaning of section 501(c)(3) of the Internal Revenue
Code, or corresponding section of any future federal tax code, or shall be distributed
to the federal government, or to a state or local government, for a public purpose. Any
such assets not disposed of shall be disposed of by the Court of Common Pleas of
the county in which the principal office of the organization is then located,
exclusively for such purposes or to such an organization or organizations, as said Court
shall determine, which are organized and operated exclusively for such purposes.

The	e date of each amendment this document was signed	t(s) adoption: 8/3U/13	, if other than the
	ective date <u>if applicable</u> :	8/30/13	
in apparatus.		(no more than 90 days after amendment file date)	
Ad	option of Amendment(s)	(CHECK ONE)	
	The amendment(s) was/w was/were sufficient for ap	were 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 o	members entitled to vote on the amendment(s). The amendment(s) was/were directors.	
	Dated 8/3	31/13	
	Signature	Toria Men	
		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	
	other	court appointed fiduciary by that fiduciary)	
	Mónic	a Méndez	
	 	(Typed or printed name of person signing)	
	Vice P	President	
		(Title of person signing)	