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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION	$_{ m ON:}$ POSIMOTO-C	HANGING FACE	S INC.	·
DOCUMENT NUMBER:				
The enclosed Articles of Am		mitted for filing.		
Please return all corresponde	ence concerning this matt	er to the following:		·
Jennifer Cornejo				
		(Name of Contact Pe	rson)	
MyUSACorporation.	com			
		(Firm/ Company)	
1 Radisson Plaza, S	uite 800			
		(Address)		
New Rochelle, New	York, 10801			
		(City/ State and Zip (Code)	
info@myusacorpora	tion.com -mail address: (to be used	d for future annual rep	ort notification	n)
For further information conc	erning this matter, please	e cail:		
Jennifer Cornejo			(877)	330-2677
	(Name of Contact Person	1)	(Area Code)	(Daytime Telephone Number)
Enclosed is a check for the f	ollowing amount made p	ayable to the Florida I	Department of	State:
□ \$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	Certif Certif	0 Filing Fee icate of Status ied Copy tional Copy is osed)
Mailing A	ddress	Str	eet Address	

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

Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

POSIMOTO-CHANGING FACES INC.

N12000005231		
. (Document Nu	mber of Corporation (if known	wn)
Pursuant to the provisions of section 617.1006, Florida Sta imendment(s) to its Articles of Incorporation:	tutes, this Florida Not For I	Profit Corporation adopts the following
A. If amending name, enter the new name of the corpo	ration:	
COMMUNITY LIGHTHOUSE FOUNDATION INC.		The new
ame must he distinguishable and contain the word "corpo Company" or "Co." may not he used in the name.	oration" or "incorporated".	
Enter new principal office address, if applicable:		
Principal office address <u>MUST BE A STREET ADDRE</u>	<u>SS</u>)	20
		020 APR 28
		~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~
		cc
. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		<b>D</b>
,		Am
	<del></del>	
		~
	-	
. If amending the registered agent and/or registered of	office address in Florida, er	<u>iter the name of the</u>
new registered agent and/or the new registered offic	e address:	
Name of New Registered Agent:		
·		-
<del></del>	(Florie	da street address)
New Registered Office Address:	1	·····
		Clasida
<del>-</del>	(Citv)	, Florida (Zip Code)
	,,	(mp couc)
ew Registered Agent's Signature, if changing Register hereby accept the appointment as registered agent. I am	ed Agent: familiar with and accept the	e obligations of the position.

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 D V Mike J SV Sally S	<u>ones</u>	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change Add	CO <u>OD. Secre</u> tary	MONIQUE HERRERA	7405 TERRACE RIVER DR TAMPA, FL, 33637
X Remove			
2) Change Add	<del></del>		
Remove 3 ) Remove 4 dd Remove	<del></del>		
4) Change Add			
Remove  5) Change Add Remove	<del></del>		
6) Change Add			
	lding additional Art heets, if necessary).	icles, enter change(s) here: (Be specific)	
•	·	<del>-</del>	

•	
	· · · · · · · · · · · · · · · · · · ·
The date of each amendment(s) ad date this document was signed.	doption:, if other tha
Effective date it applicable:	(no more than 90 days after amendment file date)
	ock does not meet the applicable statutory filing requirements, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)
-	
☐ The amendment(s) was/were ac was/were sufficient for approva	dopted by the members and the number of votes east for the amendment(s) al.

adopted by the bo	04/22/2020
Datad	04/22/2020
Dated	
Signature	(By the chairman or vice chairman of the board, president or other officer-if directors
	have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)
	TIA VONCILE DIXON
	(Typed or printed name of person signing)
	PRESIDENT
	(Title of person signing)

.