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Amend

SEP 1 3 2012

T. LEWIS

COVER LETTER

TO: Amendment Section Division of Corporations BE THE C	HANGE PEO	OPLE INC
NAME OF CORPORATINAL 2000060		JI LL, 1140
DOCUMENT NUMBER:		
The enclosed Articles of Amendment and fee are su	bmitted for filing.	
Please return all correspondence concerning this market KATHY L NICH		
BE THE CHAN	CE-PEOPLE	, INC
507 129TH AVI	E E Firm/ Company	
MADEIRA BEA	CH, FL 3370	08
knicholas257@gm	City/ State and Zip Codnail.COM sed for future annual report	
For further information concerning this matter, please	1	
Kathy L Nicholas	at (404	de & Daytime Telephone Number
Name of Contact Person	. Area Co	de & Daytime Telephone Number
Enclosed is a check for the following amount made	payable to the Florida Depa	artment of State:
\$35 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 Iment Section on of Corporations Building Executive Center Circle assee, FL 32301

Articles of Amendment to

BE THE CHANGE PEOPLE, The Corporation

18 SEP 10 AM 11: 22
SECRETARY OF STATE
MALICANASSECTIONIDA

120000 060 Marporation as currently filed with the Fi	orida Dept, of State)
(Document Number of Corporation (if	known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation:	Florida Profit Corporation adopts the following amendment(
A If amending name, enter the new name of the corporation:	
	The new
name must be distinguishable and contain the word "corporation "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc.," or "word "chartered," "professional association," or the abbreviation "	Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>)	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	NA
D. If amending the registered agent and/or registered office address: Name of New Registered Agent	
Name of New Registerea Agent	
(Florida stre	eet address)
New Registered Office Address: NA	, Florida
(City)	(Zip Code)
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar v	
	•

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.

X Change	<u>PT</u>	John Do	<u>e</u>	
X Remove	$\underline{\mathbf{v}}$	Mikę Jo	nes	
X Add	<u>sv</u>	Salty Sn	<u>nith</u>	
Type of Action (Check One)	Title		Name	Address
1) Change				<u> </u>
Add				
Remove				
2) Change			•	
Add		_		
Remove				
3) Change				
Add		_		
Remove				
4) Change				
Add				
Remove				
5) Change				
Add				
Remove				
6) Change				
Add				
Demove				

A trace adding or additional Articles, enter change(s) here: (Adaen additional sheets, if necessary). (Be specific)
The specific purpose for which this corporation is organized is:
A CHARITABLE ORGANIZATION OPERATING WITHIN THE LIMITS
OF A 501(c)(3) TO PROMOTE SELF-RELIANCE AND EMPOWERMENT OF
POVERTY STRICKEN CHILDREN AND COMMUNITIES IN UGANDA,
E. AFRICA THROUGH EDUCATION PROGRAMS AND OTHER INITIATIVES.
F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:
(if not applicable, indicate N/A) \(\sum_{A} \)

September 5, 2012

The date of each amendments	Dietiper 5, 2012
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 by the shareholders was/were s	opted by the shareholders. The number of votes cast for the amendment(s) ufficient for approval.
	proved by the sharcholders through voting groups. The following statement reach voting group entitled to vote separately on the amendment(s):
"The number of votes cas	t for the amendment(s) was/were sufficient for approval
by	(voting group)
☐ The amendment(s) was/were adaction was not required.	lopted by the board of directors without shareholder action and shareholder
☐ The amendment(s) was/were ad action was not required.	lopted by the incorporators without shareholder action and shareholder
Septe Dated Signature	mber 5, 2012 Lacley L. Nichofas
(By a select	director, president or other officer – if directors or officers have not been ed, by an incorporator – if in the hands of a receiver, trustee, or other court nted fiduciary by that fiduciary)
Kathy L Nicholas	
	(Typed or printed name of person signing)
	President
	(Title of person signing)