(Re	equestor's Name)	<u> </u>	
(Ad	dress)		
(Ad	ldress)		
Cit	ty/State/Zip/Phone	e #0	
PICK-UP	_	MAIL	
(Bu	isiness Entity Nar	me)	
(Document Number)			
Certified Copies	_ Certificates	s of Status	
Special Instructions to	Filing Officer:		
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Amend

MAY 2 9 2014 T. CARTER

COVER LETTER

TO: Amendment Section Division of Corporations

0	
omitted for filing.	
ter to the following:	
(Name of Contact Person	1)
amental Truths Inc.	
(Firm/ Company)	
(Address)	
(City/ State and Zip Cod	e)
ed for future annual report	notification)
e call:	
305	450-2223
(Area C	ode & Daytime Telephone Number)
payable to the Florida Depa	artment of State:
Certified Copy (Additional copy is enclosed)	☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is Enclosed)
Ameno Dívisio Clifton	Address Iment Section on of Corporations Building Executive Center Circle
	(Name of Contact Personamental Truths Inc. (Firm/ Company) (Address) (City/ State and Zip Code of for future annual report of the call: at (Area Company) (Area Company) (Area Company) (Area Company) (Area Company) (Area Company)

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of



Creative Reclamation of A	rtistic Fundan	nental Truths Inc.	14 MAY 15 AM 11: 3
(Name of Corporation as current	y filed with the Flo	rida Dept. of State)	
Creative Reclamation of	Artistic Fund	damental Truths Ind	C.
(Doc	ument Number of Co	orporation (if known)	
Pursuant to the provisions of section 617. amendment(s) to its Articles of Incorporat		s, this <i>Florida Not For Profit C</i>	Corporation adopts the following
A. If amending name, enter the new na	me of the corporati	on:	
	J. 10		The new
name must be distinguishable and contain "Company" or "Co." may not be used in		non" or "incorporated" or the	abbreviation "Corp." or "Inc."
B. Enter new principal office address, if applicable; (Principal office address MUST BE A STREET ADDRESS)		N/A	
		N/A	
		N/A	
C. Enter new mailing address, if appli- (Mailing address MAY BE A POST (N/A	
		N/A	
		N/A	
D. If amending the registered agent an	d/or registered offic	e address in Florida, enter the	e name of the
new registered agent and/or the new	N/A	<u>aaress:</u>	
Name of New Registered Agent:			
	N/A		
New Registered Office Address:		(Florida street address)	
	N/A	121.	orida N/A
	(City)	, ri((Zip Code)
New Registered Agent's Signature, if ch I hereby accept the appointment as registe			
		1/A	
_	Signature of New	Registered Agent if changing	

Page 1 of 4

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 Jo SV Sally S	ones	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) N/A Change	N/A	N/A	N/A
N/A Add			N/A
N/A Remove			N/A
2) N/A Change	N/A	N/A	N/A
N/A Add			N/A
N/A Remove			N/A
3) N/A Change	N/A	N/A	N/A
N/A Add			N/A
N/A Remove			N/A
4) N/A Change	N/A	N/A	N/A
N/A Add			N/A
N/A Remove			N/A
5) N/A Change	N/A	N/A	N/A
N/A Add			N/A
N/A Remove			N/A
6) N/A Change	N/A	N/A	N/A
N/A Add	- 		N/A
N/A Remove			N/A

(attach additional sheets, if necessary), (Re specific)
Article III
Organization is organized exclusively for charitable purposes. Upon dissolution,
all assets will be distributed for charitable purposes.

E. If amending or adding additional Articles, enter change(s) here:

The date of each amendment(s) adoption: Warch 4, 2013 date this document was signed.		, if other than the	
Effective date <u>if applicable</u> :		N/A	
		(no more than 90 days after amendment file date)	
Ado	option of Amendment(s)	(<u>CHECK ONE</u>)	
	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) oproval.	
	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.	
	Signature	y, 8, 2014	
	have r	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)	
LaKeisha Westmoreland			
		(Typed or printed name of person signing)	
	Preside	ent	
		(Title of person signing)	