(Re	equestor's Name)	
(Ad	ldress)	
(Ad	dress)	
(Cit	ty/State/Zip/Phone	e #)
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COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: UHWI Batch-61 Alumni, Inc.,			
N1120000			
DOCUMENT NUMBER: 14 1 3 UUUUU			
The enclosed Articles of Amendment and fee are su	bmitted for filing.		
Please return all correspondence concerning this man	tter to the following:		
Maisie Brown			
	(Name of Contact Perso	n)	
	(Firm/ Company)		
115-80 231st Street			
	(Address)		
Cambria Heights, New '	York 11411		
	(City/ State and Zip Cod	e)	
blossom.mv@ve	rizon.net		
E-mail address: (to be use	ed for future annual report	notification)	
For further information concerning this matter, pleas	e call:		
Maisie Brown	718-481-713 at (36	
(Name of Contact Person)		ode & Daytime Telephone Number)	
Enclosed is a check for the following amount made p	payable to the Florida Depa	artment of State:	
\$35 Filing Fee \$43.75 Filing Fee & Certificate of Status	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	Amend Divisio Clifton	Address Iment Section on of Corporations Building	
Tallahassee, FL 32314 2661 Executive Center		executive Center Circle	

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

FILED

ILIMI Datab 64 Alumani I	lno.	OI .	2813 SEP 26	PM 4: 28
JHWI Batch-61 Alumni, I		D		
(Name of Corporation as currently	nled with the Florid	a Dept. of State	AALSKÛSE TALLAHASS	Y UF STATE SEE. FLORIDA
113000004568		(CC)	4	
(Docum	ment Number of Corpo	ration (if known)	_	
rsuant to the provisions of section 617.10 nendment(s) to its Articles of Incorporation		his <i>Florida Not Fo</i>	or Profit Corpora	ution adopts the follow
If amending name, enter the new nan	ne of the corporation:			The r
ame must be distinguishable and contain	the word "corporation	" or "incorporate	d" or the abbrev	
<u>Company" or "Co." may not be used in t</u>	the name.			
Enter new principal office address, if Principal office address <u>MUST BE A ST</u>	applicable: REET ADDRESS)			
incipal office and cos <u>in ost burist</u>	<u></u>	 ·		
. Enter new mailing address, if applic	able:			
(Mailing address <u>MAY BE A POST O</u>				
			_	
If amending the registered agent and new registered agent and/or the new			, enter the name	of the
Name of New Registered Agent:	NA			
Name of New Registered Agent:		, ——·· — · , , , , , , , , , , , , , , ,		
	(F)	orida street address)		
New Registered Office Address:	42.10	muu sireer uuu essy		
			. Florida	
	(City)	· · · · · · · · · · · · · · · · · · ·	, . 101144 _	(Zip Code)
ew Registered Agent's Signature, if ch	onging Degistered As	ont-		
hereby accept the appointment as registe			t the obligations	of the position.

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 <math>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 A Add	<u>V</u> <u>M</u>	hn Doe ike Jones Illy Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) X Change	<u>T</u>	Evelyn Cammock	16430 SW 39th Street
Add			Miramar, Florida 33027
Remove			-
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change		····	
Add			
Remove			
5) Change	**		
Add			
Remove			
6) Change			
Add			
Remove			

E. If amending or adding additional Arti (attach additional sheets, if necessary).	(Be specific)
NA	·
···	

	this document was signed.	, if other than the
Effec	ctive date if applicable:	
	(no more than 90 days after amendment file date)	
Adoj	ption of Amendment(s) (<u>CHECK ONE</u>)	
	The amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s) was/were sufficient for approval.	
	There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors.	
	Dated 09/21/2013	
	Signature Majore Brown	_
	(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)	
	Maisie Brown	
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	