N/300005638

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(Ad	ldress)		
(Ac	ldress)		
(Cit	ty/State/Zip/Phone	e #)	
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C. LEWIS

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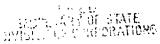
EXAMINER

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: AIGLE SOURCE DE DELIVRANCE	, 14c.
DOCUMENT NUMBER: N 1300005638	
The enclosed Articles of Amendment and fee are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
ASTRUDE CHARLES	
(Name of Contact Person)	
(Firm/ Company)	
1131 NW 87 L Tenace (Address)	
(Address)	
PEMBROKE PINES, FL 33025 (City/State and Zip Code)	
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
ASTRUJE CHARLES at 786 925-9	961
(Name of Contact Person) (Area Code & Daytime Telephon	ie Number)
Enclosed is a check for the following amount made payable to the Florida Department of State:	
▼ \$35 Filing Fee Certificate of Status Certified Copy (Additional copy is enclosed) S43.75 Filing Fee & □ \$43.75 Filing Fee & □ \$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is Enclosed)	
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301	

Articles of Amendment to Articles of Incorporation of



AIGLE SOU	RCE DE	DELIVRANCE, h the Florida Dept. of State	THC.	14 AUG 25	PM 12: 47
(Name of Corporation as	currently filed wit	<u>n the Florida Dept. of State</u>)		
N 13000	005638				
		ber of Corporation (if known)		
Down Control of the C					C- 11 i
Pursuant to the provisions of sect amendment(s) to its Articles of Ir		ia Statutės, this Ptortaa Not	r or Proju Corpe	<i>oration</i> adopts to	e ronowing
A. If amending name, enter the	e new name of the c	. 1			
		NA			The new
name must be distinguishable an "Company" or "Co." may not b		corporation" or "incorpora	ted" or the abbr	eviation " Corp."	or "Inc."
B. Enter new principal office a					_
(Principal office address <u>MUST</u>	BE A SIKEEI AD	<u>DRESS</u>)			
					_
C. Enter new mailing address (Mailing address MAY BE A		0Y)			
(maining maness MAT DE A	TOST OFFICE D	<u> </u>		·	_
D. If amending the registered	agent and/or registe	ered office address in Florid	ia, enter the na	me of the	
new registered agent and/or					
Name of New Registered	d Agent: AS	TRUDE CHARLE	55		
	113	TRUSE CHARLE	5 8 R.		
		(Florida street address)	O KIV	_	
New Registered Office		4		_	_
	PEM	BROKE PINES	,, Florida	3 30 25	>
		(City)	,	(Zip Cod	le)
New Registered Agent's Signat	ure, if changing Re	gistered Agent:			
I hereby accept the appointment	as registered ag Int.	I am familiar with and acce	ept the obligation	ns of the position	! .
	V/m	y Clar	~	_	
	Ngnatur	e of New Registered Agent, ij	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 <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 X Add	PT John I V Mike J SV Sally S	<u>lones</u>	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	<u>\P</u>	RICHARD, LILA	1900 SW 82 L TERR
Add Remove			NORTH LAUSERSALE FL 33068
2) Change	1	THELUSMA, WILFRID	1900 SW 82 - TERR
Add Remove			NO LAUDERJALE FL 33068
3) Change	<u>S</u>	RICHARD, ANDERSON	1900 SW82- TERR NO. LAUSERDALE
Add Remove			FL 33068
4) Change		DESCIEUX, PIERRE J	1900 SW 82 LATERR
Add Remove			FL 33068
5) Change		SAINT LOUIS, POLONNE	
Add Remove			NO LAUBERDALE FL 33068
6) Change			
Add			
Remove		Dara 7 of d	

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.

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Example: X.Change X.Remove X.Add	PT John D V Mike J SV Sally S	ones	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change Add Remove	_ V	JEAN LOUIS, JULES	1900 SW 82 LAUSERSALE FL 33068
2) Change Add Remove	<u>T</u>	CHERVIL, EMMANUEL	1900 SW 82- TERR NORTH LAUSERHALE FL 33068
3) Change Add Remove	<u>S</u>	CHARLES, ASTRUJE	1900 SU 824 FERR NORTH LAUSERSAUE FL 33068
4) Change Add Remove			
5) Change Add Remove			
6) Change Add Remove			
		Dags 1 of 4	

attash additional sheets, if necessary).	(Be specific)
	
	A TOTAL CONTRACTOR OF THE PARTY
	·

• •	/ / .	
The date of each amendment(s) adoption date this document was signed.	ption: 7/29/2014	, if other than the
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file day	
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were ado was/were sufficient for approval.	pted by the members and the number of votes cast fo	or the amendment(s)
There are no members or member adopted by the board of directors	rs entitled to vote on the amendment(s). The amends	ment(s) was/were
Dated8	19/2014	
	the poard, president or other selected, by an incorporator – if in the hands of a re	
	pointed fiduciary by that fiduciary)	,,
	Typed or printed name of person signing) PCHR	

(Title of person signing)