# NI3000008IUI

(Red	questor's Name)	
(Add	dress)	
. (Add	dress)	
(City	//State/Zip/Phone #	<del>f</del> )
PICK-UP	☐ WAIT	MAIL
(Bus	siness Entity Name	<del>)</del>
(Doc	cument Number)	
Certified Copies	Certificates of	of Status
Special Instructions to I	Filing Officer:	





900275224259

07/21/15--01032--010 \*\*35.00



American Chy

IALBRITTON

#### CUYER LETTER

**TO:** Amendment Section Division of Corporations

UNITED PEC NAME OF CORPORATION:	OPLES WORLDWIDE, INC.
N13000008161	
DOCUMENT NUMBER:	
The enclosed Articles of Amendment and fee a	are submitted for filing.
Please return all correspondence concerning thi	is matter to the following:
RASHEED K. ALLEN, ESQ.	
	(Name of Contact Person)
ALLEN-DAWSON, PLLC	
	(Firm/ Company)
390 NORTH ORANGE AVE., SUITE 2300	
	(Address)
ORLANDO, FL 32801	
	(City/ State and Zip Code)
DR.KIONNALLS@ICLOUD.COM	
E-mail address: (to	be used for future annual report notification)
For further information concerning this matter,	please call:
KIONN ALLS	407 808-8674
(Name of Contact	Person) (Area Code) (Daytime Telephone Number)
Enclosed is a check for the following amount m	nade payable to the Florida Department of State:
\$35 Filing Fee \$\Bigcip\$	Fee & \$\sumsymbol{\Pi}\$

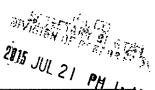
### **Mailing Address**

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

### **Street Address**

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

#### Articles of Amendment to Articles of Incorporation of



		Dont of State)
(Name of Corporation as current	ly filed with the Florida	Dept. of State)
(Document Number	r of Corporation (if know	n)
Pursuant to the provisions of section 617.1006, Florida Statutes amendment(s) to its Articles of Incorporation:	s, this <i>Florida Not For Pr</i>	rofit Corporation adopts the following
A. If amending name, enter the new name of the corporation HILYX CIVIC LEAGUE, INC.	on:	
name must be distinguishable and contain the word "corporate	ion" or "incorporated" o	The new
"Company" or "Co." may not be used in the name.	•	
B. Enter new principal office address, if applicable:	549 LOYOLA CIRCLE	
(Principal office address <u>MUST BE A STREET ADDRESS</u> )	ORLANDO, FL 32828-5	5282
	<del></del>	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	549 LOYOLA CIRCLE	NO. 28205
	ORLANDO, FL 32828-5	5282
	· · · · · · · · · · · · · · · · · · ·	
D. If amending the registered agent and/or registered offic		er the name of the
new registered agent and/or the new registered office a	<u>ldress:</u>	
Name of New Registered Agent:		
	(Florida	a street address)
New Registered Office Address:		
	(6)	Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if changing Registered .  I hereby accept the appointment as registered agent. I am fan		obligations of the position.
Si	gnature of New Registered	d 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 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	<u>PT</u> <u>V</u> <u>SV</u>	John Do Mike Jo Sally Sn	<u>nes</u>	
Type of Action (Check One)	<u>Title</u>		Name	<u>Addres</u> s
1) Change		<del></del>	<del></del>	<del></del>
Add				
Remove				
2) Change		_		
Add				
Remove				
3) Change		_		
Add				
Remove				
4) Change		_		
Add				
Remove				
5) Change		<del>_</del>		
Add				
Remove				
6) Change				
Add		<u> </u>		
Remove				

ttach additional sheets, if necessary).	(Be specific)
	0.0000000000000000000000000000000000000
·	
•	
	Amilia (1)
······································	
<del></del>	

1 he	date of each amen	dment(s) adoption:	, it other than the
date	this document was	• ·	
	·	07/15/2015	
Effe	ective date <u>if applic</u>		
		(no more than 90 days after amendment file date)	
		ed in this block does not meet the applicable statutory filing requirements, this date will not be te on the Department of State's records.	e listed as the
Ado	option of Amendme	ent(s) ( <u>CHECK ONE</u> )	
	The amendment(s) was/were sufficient	was/were adopted by the members and the number of votes cast for the amendment(s) t for approval.	
	There are no membadopted by the box	pers or members entitled to vote on the amendment(s). The amendment(s) was/were and of directors.	
		07/15/2015	
	. Dated		
		h. hr	
	C! t	Ar /	
	Signature	By the chairman of 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)	
		KIONN ALLS	
		RIONN ALLS	
		(Typed or printed name of person signing)	
		CHAIRMAN	
		(Title of person signing)	