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TO: Amendment Section
 Division of Corporations

| Mama Africana Network Inc. NAME OF CORPORATION: | |
|--|------------------|
| | |
| DOCUMENT NUMBER: | |
| The enclosed Articles of Amendment and fee are submitted for filing. | |
| Please return all correspondence concerning this matter to the following: | |
| Evelyn Sekajipo | |
| (Name of Contact Person) | _ |
| Mama Africana Network Inc. | |
| (Firm/ Company) | |
| 1003 E. 24th Ave | |
| (Address) | |
| Tampa, Fl 33605 | |
| (City/ State and Zip Code) | |
| esekajipo@gmail.com | |
| E-mail address: (to be used for future annual report notification) | |
| For further information concerning this matter, please call: | |
| Evelyn Sekajipo 8132208317 | |
| (Name of Contact Person) (Area Code) (Daytime Te | elephone 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) \$35 Filing Fee Certificate of Status Certificate of Status Certified Copy (Additional Copy is Enclosed) | |

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

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

Mama Africana Network Inc

15 JUL 14 PM 1:55

| Maina Africana Network Inc | | 19 905 14 (1) |
|--|--------------------------------------|--|
| (Name of Corporation as c | urrently filed with the Flo | rida Dept. of State) |
| | N13000 | 011044 |
| (Document | Number of Corporation (if k | (nown) |
| Pursuant to the provisions of section 617.1006, Florida samendment(s) to its Articles of Incorporation: | Statutes, this <i>Florida Not Fe</i> | or Profit Corporation adopts the following |
| A. If amending name, enter the new name of the cor | poration: | |
| arma mant ha diation islands and in the control of | | The new |
| name must be distinguishable and contain the word "co "Company" or "Co." may not be used in the name. | rporation or incorporate | a or the appreviation "Corp. or "Inc. |
| B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDR | RESS) | |
| | | |
| | | |
| C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX |) | |
| | | |
| | | 5 11 11 |
| D. If amending the registered agent and/or registere | d office address in Florida | enter the name of the |
| new registered agent and/or the new registered of | | tenter the name of the |
| Name of New Registered Agent: | | |
| | | |
| New Registered Office Address: | (F) | lorida street address) |
| New Registered Office Address: | | |
| | (8) | , Florida (Zip Code) |
| | (City) | (Zip Code) |
| New Registered Agent's Signature, if changing Regis I hereby accept the appointment as registered agent. I | | the obligations of the position. |
| | Signature of New Regist | tered 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 | PT John I V Mike SV Sally S | <u>Jones</u> | |
|-----------------------------------|---|--------------|-----------------|
| Type of Action (Check One) | <u>Title</u> | Name | <u>Addres</u> s |
| 1) Change | | | |
| Add | | | |
| Remove | | | |
| 2) Change | | | |
| Add | | | |
| Remove | | | SLATION - 1 |
| 3) Change | | | |
| Add | | | |
| Remove | | | |
| 4) Change | | | |
| Add | | | |
| Remove | | | |
| 5) Change | | | |
| Add | | | |
| Remove | | | |
| Kemove | | | |
| 6) Change | | | |
| Add | | | |
| Remove | | | |

| (attach additional sheets, if necessary). (Be specific) |
|---|
| Article IX |
| Upon the dissolution of this organization, assets shall be distributed for one or more exempt |
| purposes within the meaning of section 501(c)(3) of the Internal Revenue Code, or corresponding |
| section of any future federal tax code, or shall be distributed to the federal government, |
| or to a state or local government, for a public purpose. |
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E. If amending or adding additional Articles, enter change(s) here:

| | | | Article IX 7/9/15 | | |
|------|--|------------------|--|-------------------------|---------------------|
| | e date of each amendme | | | | , if other than the |
| date | this document was signe | d. | | SEC | RETARY OF STATE |
| T | | 7/9/15 | | DIVIŠII | RETARY OF STATE |
| Eff | ective date <u>if applicable</u> : | | 1 00 1 0 | | |
| | | (n | o more than 90 days after amendment j | file date) 15 J | JL 14 PM 1:55 |
| | e: If the date inserted in ument's effective date on | | not meet the applicable statutory filing to of State's records. | | |
| Ade | option of Amendment(s) | (d | CHECK ONE) | | |
| | The amendment(s) was/was/were sufficient for a | | the members and the number of votes | cast for the amendme | nt(s) |
| | There are no members of adopted by the board of | | led to vote on the amendment(s). The a | nmendment(s) was/we | re |
| | 7/9/ | 15 | | | |
| | Dated | | -201 | | |
| | 0. | | - CATO | | |
| | Signature | 1 ' | | .1 .00 .0.11 | - 10- III |
| | | | ice chairman of the board, president or do by an incorporator - if in the hands of | | |
| | | | I fiduciary by that fiduciary) | of a receiver, trustee, | JI |
| | | court appointed | inductary by that inductary, | | |
| | E | velyn Sekajipo | | | |
| | _ | | (Typed or printed name of person | n signing) | _ |
| | E | xecutive Directo | or and Board President | | |
| | ···· | | (Title of person signir | ng) | _ |