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R. WHITE

## **COVER LETTER**

TO: Amendment Section Division of Corporations
NAME OF CORPORATION: BISCU BISCU
DOCUMENT NUMBER: N1400000377
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Schodia Auguste
(Name of Contact Person)
(Firm/ Company)
10874 SW 50th ct
Miranar Florida 33527
(City/ State and Zip Code)
Sahadia. auguste@gmail.com
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:  at (1S4) 850 3843
(Name of Contact Person) (Area Code) (Daytime Telephone 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  Certified Copy (Additional Copy is Enclosed)
Mailing Address  Amendment Section  Amendment Section  Amendment Section

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

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

## Articles of Amendment to Articles of Incorporation

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	15 AUG 20 AM 8:
DISM DISM	
Name of Corporation as currently filed with the Florida Dept. of St	Ate) OF TABLE OF STAR
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(Document Number of Corporation (if known)	
suant to the provisions of section 617.1006, Florida Statutes, this Florida Not For Profit Corpor	ration adopts the following
endment(s) to its Articles of Incorporation:	,
If 3:	•
If amending name, enter the new name of the corporation:	. • <b>′</b>
oisau Bisan Haiti, INC	Yne new
ne must be distinguishable and contain the word "corporation" or "incorporated or the abbrev	viation "Corp." or "Inc."
ompany" or "Co." may not be used in the name.	Λ
Enter new principal office address, if applicable: 43 AVENUE + Call	hard
incipal office address MUST BE A STREET ADDRESS) Oxyetaux Feuill	$\Omega \Omega \Omega$
Caretag Carry	$\Delta$ , $\Gamma \setminus T$
Hart	
Enter your welling address if anyline black	- 00 -
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	7840
ILLAND SIN OK	th cl
14 100 SN 30	5T 7
Miramer, +L	3302+
	_
If amending the registered agent and/or registered office address in Florida, enter the name new registered agent and/or the new registered office address:	e of the
<u> </u>	
Name of New Registered Agent:	
·	
(Florida street addres	s)
New Registered Office Address:	
	Florida
(City)	(Zip Code)
Desistand Amento Simplem if sharely Desistand Amento	
w Registered Agent's Signature, if changing Registered Agent: ereby accept the appointment as registered agent. I am familiar with and accept the obligations	of the position.
accept the opposition we require a agent of an juminar from and accept the opinguions	-J poomon

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 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	<u>ones</u>	
Type of Action (Check One)	Title	Name	Address
1) Change		NA	
Add		•	
Remove		Nr / N	
2) Change			
Add			
Remove			
3) Change		NA	
Add		V	
Remove		/	
4) Change	<del></del>	NA	
Add		,	
Remove		$\sim 10^{-1}$	
5) Change		11/4	
Add		1	
Remove			
6) Change		11/1/	
Add		V	<del></del>
Remove		Page 2 of 4	

E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific)
Lipa the dissolution of the Corporation, Assets Shall be distributed for one or More exempt purposes within the mening & section GOI(03) of the IRC, or the corresponding section of any future sederal tax code or shall be austributed to the federal greenment, or to a State or local government for a public purpose Any Such assets Not so disposed of shall be disposed of by a Court of competent Jurisdiction of the corporation is then principle office of the corporation is then located exclusively for such purposes or to such disposed to such purposes or to such disposed of sold deforming
tor such purposes.

The date of each amendment(s) adoption:    A	, if other than the
The more man 20 days after unenament file date	
<b>Note:</b> If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be document's effective date on the Department of State's records.	e listed as the
Adoption of Amendment(s) (CHECK ONE)	
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  Signature  (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)  (Typed or printed name of person signing)	-
Cheif Executive Officer (Title of person signing)	