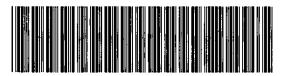
## N14000007812

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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPORATION: Mana For	undation ind	<u> </u>
DOCUMENT NUMBER: N14000007	812	
The enclosed Articles of Amendment and fee are sub-	mitted for filing.	A.A.
Please return all correspondence concerning this matter	er to the following:	7
Kristina Finch		G XI
	(Name of Contact Perso	n)
	(Firm/ Company)	
780 NE 119th St		
	(Address)	
Biscayne Park, FL 3316	1	
	(City/ State and Zip Coo	le)
projectlargomusic		
For further information concerning this matter, please	•	nonneation)
Kristina Finch	<sub>at</sub> 954	684-5883
(Name of Contact Person)	(Area C	Code & Daytime Telephone Number)
Enclosed is a check for the following amount made pa	yable to the Florida Dep	partment of State:
□ \$35 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & 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 Tallahassee, FL 32314	Amen Divisi Clifto 2661	t Address dment Section on of Corporations n Building Executive Center Circle hassee, FL 32301

## Articles of Amendment to Articles of Incorporation of

Mana Foundation Inc.		and the same of th
(Name of Corporation as currently filed v	vith the Florida Dept. of State)	
N1400007812		
(Document N	umber of Corporation (if known)	<del></del>
Pursuant to the provisions of section 617.1006, Floamendment(s) to its Articles of Incorporation:	orida Statutes, this Florida Not For Profit Corporation	adopts the following
A. If amending name, enter the new name of th	e corporation:	
Project Largo Music Four	ndation Inc.	The new
	rd "corporation" or "incorporated" or the abbreviation	
"Company" or "Co." may not be used in the nan	<u>æ</u> .	
B. Enter new principal office address, if applic	able: NA	
(Principal office address <u>MUST BE A STREET</u>	<u>ADDRESS</u> )	
C. Enter new mailing address, if applicable:	61/ A.	
(Mailing address MAY BE A POST OFFICE	$\frac{BOX}{}$	
	<u></u>	
		12
		<u> </u>
D. If amending the registered agent and/or reg new registered agent and/or the new register	istered office address in Florida, enter the name of the red office address:	
<u> </u>	11 n.	EL FLORIDE CONTRACTOR DE LA CONTRACTOR D
Name of New Registered Agent:	1/17	1>
<del> </del>		
New Registered Office Address:	(Florida street address)	
	Phoids	
<del></del>	, Florida (City)	(Zip Code)
	·	
New Registered Agent's Signature, if changing  I hereby accept the appointment as registered age	Registered Agent: ent. I am familiar with and accept the obligations of the	position.
and appointment an regioner ou ago		•

Page 1 of 4

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	<u>PT</u> <u>Joh</u>	n Doe	
X Remove	<u>V</u> <u>Mil</u>	ke Jones	
X Add	<u>SV</u> <u>Sal</u>	ly Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change	<u>V</u>	Michael Hernandez	591 E Willetta St. N. 35
Add			Phoenix, AZ. 85004
X Remove			
2) Change	<u>V</u>	William Davis	780 NE 119th St
Add			Biscayne Park, FL. 33161
X Remove			
3)Change	<u>V</u>	Thomas Amos Giles	401 West Park Ave Apt. 308
Add			Tallahassee, FL. 32301
X			
4)Change			
_	<del></del>		
Add			
<u> </u>			
5)Change			
Add			
Remove			
6) Change			
Add			
Remove			

Е.	If amending or adding additional Arti	cles, enter change(s) here:
•	(attach additional sheets, if necessary).	(Be specific)

The date of each amendment(s) ad	option: March 5, 2015	, if other than the
date this document was signed.  Effective date if applicable:		
Enterire date <u>in apprendir</u> .	(no more than 90 days after amendment file date)	
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were adwas/were sufficient for approval	opted by the members and the number of votes cast for the amendment(s)	
There are no members or membadopted by the board of directors	pers entitled to vote on the amendment(s). The amendment(s) was/were rs.	
Dated 03/05/	<u>/</u> 2015	
Signature Lu	matina	
(By the chair have not bee	man or vice chairman of the board, president or other officer-if directors in selected, by an incorporator - if in the hands of a receiver, trustee, or appointed fiduciary by that fiduciary)	_
Kristina F	inch	
	(Typed or printed name of person signing)	
President	[	
	(Title of person signing)	