N14000010779

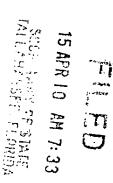
(Re	questor's Name)	
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PICK-UP	☐ WAIT	MAIL.
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Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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RM 4-13-15

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: The F. A. C. E. o F Childhood Auger, Inc	, •
DOCUMENT NUMBER: <u>N14000010779</u>	
The enclosed Articles of Amendment and fee are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
Jesse Dean-Kluser, Fsy,	
Jesse Dean-Klyer, P.A.	
1110 Brickell Ave. #208	
Miani, F1 33131 (City/ State and Zip Code)	
(City/ State and Zip Code) A Code City/ State and Zip Code) E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Colinne Silvelberg at (561) 699-1942 (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 □ \$43.75 Filing Fee & □ \$43.75 Filing Fee & □ \$52.50 Filing Fee Certificate of Status Certified Copy (Additional copy is énclosed) (Additional Copy is Enclosed)	
Mailing Address Street Address	

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

7 ti tieres	of theor potation
The F.A.C. E. of Child (Name of Corporation as currently filed with the Flor	thood Hunger, Inc.
(Name of Corporation as currently filed with the Flor	rida Dept. of State)
<u> 1/140000 10779</u>	
(Document Number of Co	orporation (if known)
Pursuant to the provisions of section 617.1006, Florida Statute amendment(s) to its Articles of Incorporation:	es, this Florida Not For Profit Corporation adopts the following
A. If amending name, enter the new name of the corporati	on:
-	
	The new tion" or "incorporated" or the abbreviation "Corp." or "Inc."
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>) C. Enter new mailing address, if applicable:	15 APR
(Mailing address MAY BE A POST OFFICE BOX)	20 AH 7:3
D. If amending the registered agent and/or registered offic	te address in Florida, enter the name of the
new registered agent and/or the new registered office a	uuress:
Name of New Registered Agent:	

New Registered Office Address:

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

Signature of New Registered Agent, if changing

(Florida street address)

Florida __

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 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: \underline{X} Change \underline{X} Remove \underline{X} Add ,	PT John Do V Mike Jo SV Sally Sr	nes	
Type of Action (Check One)	Title	Name	Address
1) X Change	<u>VP</u>	CorinneSilverberg	200 Biscarre Bludury
Add Remove			Miami, F1 3313/
2) Change Add	ND	Giannia Mora	855 Aton Road, #3 Miani Beach, F133139
Remove 3) Change	P	Kedar Massenburg	200 Biscayne Blvd. Way
Add Remove			#5208' Niani, F1 33131
4) Change Add	T	Stephanie Rosa	1914 Bluggass Ct. St. Charles, Illinois 60174
Remove			
5) Change			
Add Remove			
6) Change			·
Add			
Remove			

<mark>If amending or addin</mark> attach additional shee	ts, if necessary).	(Be specific)			
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	e this document was signed.	, if other the
Effe	ective date if applicable:	
	(no more than 90 days after amendment file date)	_
Ada	option of Amendment(s) (CHECK ONE)	
Ø	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 4-3-15	
	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)	
	Jesse Dean-Kluser, Esq. (Typed or printed name of person signing)	
	Incorporator-beneral Course	
	(Title of person signing)	