

| (Re | equestor's Name) | |
|-------------------------|-----------------------|----------|
| (Ac | ddress) | |
| (Ād | ddress) | |
| (Ci | ity/State/Zip/Phone # |) |
| PICK-UP | ☐ WAIT | MAIL |
| (Bi | usiness Entity Name |) |
| (De | ocument Number) | |
| Certified Copies | Certificates o | f Status |
| Special Instructions to | Filing Officer. | |
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COVER LETTER

TO: Amendment Section

Division of Corporations

| PROJECT PERU, INC. NAME OF CORPORATION: | |
|---|--|
| N15000002070 DOCUMENT NUMBER: | |
| The enclosed Articles of Amendment and fee are submitted for filir | ng. |
| Please return all correspondence concerning this matter to the follow | ving: |
| Shannon Del Prado | |
| (Name of Co | ntact Person) |
| PROJECT PERU, INC. | |
| (Firm/ C | ompany) |
| 9350 So Dixie Hwy, Ste 1200 | |
| (Add | ress) |
| Miami, FL 33156 | |
| (City/ State a | nd Zip Code) |
| sdelprado@pdfirm.com | |
| E-mail address: (to be used for future and | nual report notification) |
| For further information concerning this matter, please call: | |
| Shannon Del Prado | 305 670-8060 at |
| (Name of Contact Person) | (Area Code) (Daytime Telephone Number) |
| Enclosed is a check for the following amount made payable to the F | lorida Department of State: |
| Sas Filing Fee Sas Filing Fee Sas San | opy Certificate of Status |

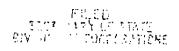
Mailing Address

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



or 15 JUN 15 PM 1: 52

| PROJECT PERU, INC. | |
|--|------|
| (Name of Corporation as currently filed with the Florida Dept. of State) | |
| N15000002070 | ク |
| (Document Number of Corporation (if known) | |
| Pursuant to the provisions of section 617.1006, Florida Statutes, this <i>Florida Not For Profit Corporation</i> adopts the follomendment(s) to its Articles of Incorporation: | win, |
| A. If amending name, enter the new name of the corporation: | |
| The | nev |
| name must be distinguishable and contain the word "corporation" or "incorporated" or the abbreviation "Corp." or "i "Company" or "Co." may not be used in the name. | nc.' |
| 3. Enter new principal office address, if applicable: | |
| Principal office address <u>MUST BE A STREET ADDRESS</u>) | |
| | |
| | |
| C. Enter new mailing address, if applicable: | |
| (Mailing address MAY BE A POST OFFICE BOX) | |
| | |
| | |
| | |
| D. If amending the registered agent and/or registered office address in Florida, enter the name of the | |
| new registered agent and/or the new registered office address: | |
| Name of New Registered Agent: | |
| | |
| (Florida street address) | |
| 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. | |
| nereby accept the appointment as registered agent. I am juntitial with and accept the boligations of the position, | |
| | |
| 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 Doe V Mike Jones SV Sally Smith | |
|----------------------------------|---|---------|
| Type of Action (Check One) | <u>Title</u> <u>Name</u> | Address |
| 1) Change | | |
| Add | | |
| Remove | | |
| 2) Change | | |
| Add | | |
| Remove | | |
| 3)Change | | |
| Add | | |
| Remove | | |
| 4) Change | | |
| Add | | |
| Remove | | |
| 5) Change | | |
| Add | | |
| Remove | | |
| 6) Change | | |
| Add | | , |
| Remove | | |

| L. If amending or adding additional Articles, enter change(s) here: (allach additional sheets, if necessary). (Be specific) | | | | |
|--|--|-------------|--|--|
| Add following to ARTICLE III PURPOSE: | | | | |
| Said organization is organized exclusively for charitable, religious, educational, and scientific purposes, including, for | | | | |
| such purposes, the making of distributions to organizations that qualify as exempt organizations described under | | | | |
| Section 501(c)(3) of the Internal Revenue Code, or corresponding section of any future federal tax code. | | | | |
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| The date of each amendment(s) adopti | ion: |
|--|--|
| date this document was signed. Effective date if applicable: | 15 JUN 15 PM 1:52 |
| | (no more than 90 days after amendment file date) |
| Note: If the date inserted in this block document's effective date on the Depart | oes not meet the applicable statutory filing requirements, this date will not be listed as the ment of State's records. |
| Adoption of Amendment(s) | (CHECK ONE) |
| The amendment(s) was/were adopte was/were sufficient for approval. | ed by the members and the number of votes cast for the amendment(s) |
| There are no members or members adopted by the board of directors. | entitled to vote on the amendment(s). The amendment(s) was/were |
| Dated June 9, 2015 | $\frac{1}{2}$ |
| Signature | |
| have not been so | or vive chairman of the board, president or other officer-if directors elected by an incorporator — if in the hands of a receiver, trustee, or binted fiduciary by that fiduciary) |
| Shannon De | l Prado |
| | (Typed or printed name of person signing) |
| Director | |
| | (Title of person signing) |