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-MC/ NOV 12 2015

R. White

## **COVER LETTER**

TO: Amendment Section
Division of Corporations

NAME OF CORPORATIO	ON: BORE AFR	IQUE CORPO	RATION	
DOCUMENT NUMBER: _	N15000002210			
The enclosed Articles of Am		itted for filing.		
Please return all corresponde		_		
•	nee concerning this matter	to the following.		
JIMMY LEWIS				
	(	Name of Contact Per	rson)	
		(Firm/ Company)	)	
2160 MAGNOLIA	ST			
		(Address)	······································	
BARTOW, FLORI	DA, 33830			
	(	City/ State and Zip C	Code)	
camaramahawa@gr	nail.com			
E	-mail address: (to be used	for future annual repo	ort notification	)
For further information conc	erning this matter, please o	eall:		
ЛММІЕ LEWIS		at.	863	5940071
	(Name of Contact Person)	at _	(Area Code)	(Daytime Telephone Number)
Enclosed is a check for the fo	ollowing amount made pay	able to the Florida D	epartment of	State:
S35 Filing Fee	□\$43.75 Filing Fee & C Certificate of Status	\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	Certifi Certifi	0 Filing Fee icate of Status ied Copy tional Copy is osed)
Mailing A	ddress	Str	eet 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 of

	IQUE CORPORATION	15 NOY -9 PH 5: 01
(Name of Corporation as	<u>currently filed with the Florida D</u>	ept. of State)
N	15000002210	TALLAIM TO TOO
(Document	Number of Corporation (if known)	)
Pursuant to the provisions of section 617.1006, Florida mendment(s) to its Articles of Incorporation:	Statutes, this Florida Not For Proj	fit Corporation adopts the following
A. If amending name, enter the new name of the co	rporation:	
NOT APPLI	CABLE	The ne
C. Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BO)	: RESS)	
D. If amending the registered agent and/or register new registered agent and/or the new registered of	ed office address in Florida, ente	r the name of the
Name of New Registered Agent:		
New Registered Office Address:	(Florida :	street address)
		, Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if changing Reginary I hereby accept the appointment as registered agent.	istered Agent: I am familiar with and accept the o	bligations of the position.
<del></del>	Signature of New Registered	Agent, if changing

Text

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 J SV Sally S	<u>ones</u>	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change			
Add			
Remove			
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
Komo vo			
5) Change	<del></del>		
Add			
Remove			
6) Change			
Add			
Remove			

## E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific)

## REPLACE ARTICLE III - WITH THE FOLLOWING TEXT

The corporation is organized exclusively for charitable, educational, and training purposes, including,
for such purposes, the making of distributions to organizations that qualify as exempt organizations
under section 501(c)(3) of the Internal Revenue Code, or the corresponding section of any future
federal tax code. As such, the purpose of the Bore Afrique Incorporation shall be to assist clinics
to improve the quality of health care services; to provide assistance for business development; and to
provide humanitarian assistance.

The date o	f each amendment(s) adoption:	, if other than the
date this do	ocument was signed.	-
Effective d	late if applicable:	
	(no more than 90 days after amendment file date)	
	the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be seffective date on the Department of State's records.	e listed as the
Adoption	of Amendment(s) (CHECK ONE)	
	mendment(s) was/were adopted by the members and the number of votes cast for the amendment(s) were sufficient for approval.	
	are no members or members entitled to vote on the amendment(s). The amendment(s) was/were ed by the board of directors.	
	Dated 03 NOVEMBER 2015	
	Signature Lewis	
	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)	
	JIMMIE LEWIS	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	