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SECRETARY OF STATE
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OCT 5 2015 CLEWIS

COVER LETTER

TO: Amendment Section Division of Corporations

P.O. Box 6327

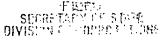
Tallahassee, FL 32314

NAME OF CORPORATION:	LER	FOLINDATION	INICORPORATED
		DDDD0067	וער
DOCUMENT NUMBER:	N 1-7	ا محلكاتات	12
The enclosed Articles of Amendment and	fee are submitted f	or filing.	
Please return all correspondence concerni	ng this matter to the	following:	
	MALY	JACKson	سكآلك
	(Name	of Contact Person)	
	Lε	R FOUND	ATTON INCORPORATED
	(F	irm/ Company)	
	14 11	N/W 89	STOFET
	1411 NW 89 STREET (Address)		
		,	
	MIAN	State and Zip Code)	3147
	(City/	State and Zip Code)	
	a -	. — 1 –	C
F-mail address	K J F	ure annual report no	a G MAIL COM
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For further information concerning this m	atter, please call:		
ROLIC A	WILSON	at	754 2733820 Code) (Daytime Telephone Number)
(Name of Co	ntact Person)	(Area	Code) (Daytime Telephone Number)
Enclosed is a check for the following amo	ount made payable t	o the Florida Depart	ment of State:
▼ \$35 Filing Fee ■ \$43.75 F	Filing Fee & \$\Bar{\Bar{\Bar{\Bar{\Bar{\Bar{\Bar{	.75 Filing Fee &	□\$52.50 Filing Fee
Certifica		ified Copy	Certificate of Status
		ditional copy is losed)	Certified Copy (Additional Copy is
	Cite	iosca)	Enclosed)
Mailing Address		Street A	ddress
Amendment Section			ent Section
Division of Corporation	Division of Corporations Division of Corporations		of Corporations

Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation



Articles of Incorporation (Document Number of Corporation (if known) Pursuant to the provisions of section 617.1006, Florida Statutes, this Florida Not For Profit Corporation adopts the following amendment(s) to its Articles of Incorporation: A. If amending name, enter the new name of the corporation: name must be distinguishable and contain the word "corporation" or "incorporated" or the abbreviation "Corp." or "Inc." "Company" or "Co." may not be used in the name. B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) 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: Florida (City) (Zip Code) 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

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>	<u>Addres</u> s
1) Change Add Remove	V ROET A WILSON	1411 NW 89 ST. MIAMI FLA 33147
2) Change Add Remove	T JADA D WILLON	1411 NW 89 ST. MIAMI FLA. 33147
3) Change Add Remove	SHIRLEY A WILSON	1411 NW 89 ST. MIAMI FLA. 33147
4) Change Add Remove		
5) Change Add Remove		
6) Change Add Remove	 .	

attach additional sheets, if necessary)	rticles, enter cha). (Be specific)				
					
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The date of each amendment(s) adop	otion:	FEFFU, if other than the
late this document was signed.		SECRETARY OF SHEET
Effective date <u>if applicable</u> :		1 00
	(no more than 90 days after amendment file date)	15 OCT - 1 PH 1: 32
Note: If the date inserted in this block locument's effective date on the Depa	does not meet the applicable statutory filing requiremen rtment of State's records.	ts, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were adop was/were sufficient for approval.	oted by the members and the number of votes cast for the	: amendment(s)
There are no members or member adopted by the board of directors	rs entitled to vote on the amendment(s). The amendment	(s) was/were
Dated	01/15	
Signature(By the chairm	an or vice chairman of the board, president or other offic	er-if directors
have not been	selected, by an incorporator – if in the hands of a receive pointed fiduciary by that fiduciary)	
	MARY L JACKSON WILSON	
	Typed or printed name of person signing)	

(Title of person signing)