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## **COVER LETTER**

- TO: Amendment Section
Division of Corporations

Tallahassee, FL 32314

NAME OF CORPORATIO	BECAUSE WE CARI	E ENTERPRISES, I	NC.		
DOCUMENT NUMBER:	N15000010313		·· ·· · · · · · · · · · · · · · · · ·		<del></del>
The enclosed Articles of Am	1				•
Please return all corresponde	ence concerning this matter	to the following:			
LaVerne Stephens					
	(	Name of Contact Pe	rson)		
Multidimensions Developme	ent Incorporated				
		(Firm/ Company	)		
1100 SW 130th Avenue H-2	207			,	15 TO 15
	•	(Address)			
Pembroke Pines, Florida 330	027				27
lavstep2@aol.com	·	City/ State and Zip C			2 2
E	-mail address: (to be used f	or future annual repo	ort notification	1)	
For further information conc	erning this matter, please c	all:			
LaVerne Stephens	•		404 274-2899	)	
	(Name of Contact Person)			(Daytime Telep	hone Number)
Enclosed is a check for the fo	ollowing amount made pay	able to the Florida D	epartment of !	State:	
□ \$35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	Certifi Certifi	O Filing Fecticate of Status ied Copy tional Copy is sed)	
	nt Section f Corporations	Am Div	eet Address endment Secti ision of Corpo		
P.O. Box 6327		Clif	ton Building		

2661 Executive Center Circle Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of

BECAUSE WE CARE ENTERPRISES, INC.			引 起
(Name of Corporation	n as currently filed with the Florid	la Dept. of State)	
N15000010313			
(Docu	ment Number of Corporation (if kno	wn)	41
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	ue corporation:		
N/A			The new
name must be distinguishable and contain the wor "Company" or "Co." may not be used in the nam	<u>ne.</u>	or the abbreviation "Corp	." or "Inc."
B. Enter new principal office address, if application of the series of t			
:	, , , , , , , , , , , , , , , , , , ,	•	
·			
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	BOX) N/A		
,		<del></del>	
D. If amending the registered agent and/or regi	istered office address in Florida e	nter the name of the	
new registered agent and/or the new register		ater the name of the	
Name of New Registered Agent:	N/A		
	(D)		
New Registered Office Address		ida str <del>e</del> et address)	
1	N/A		
<i>;</i>	(City)	, Florida (Zip Code)	
÷ :	(Cuy)	(Lip Coae)	•
New Registered Agent's Signature, if changing hereby accept the appointment as registered agen		ne obligations of the positio	n.
•	Signature of New Register	ed 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		Doe Jones Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change	TS	N/A	
Add			
Remove	<u> </u>		
2) Change	1,5	N/A PARITO AATO	
Add			A
Remove	:	N/A	·
3)Change	***************************************	19/23	*****
Add	•		
Remove			
4) Change	: :	N/A	
Add	:		
Remove			
5) Change		N/A	·····
Add			
Remove			
6) Change	·	N/A	
Add			
Remove	1		

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

	e date of each amendment(s) ac e this document was signed.	leption:	, if other than the
	fective date <u>if applicable</u> :		
511	ective date <u>n appacable</u> .	(no more than 90 days after amendment file date)	
	te: If the date inserted in this blocument's effective date on the De	ock does not meet the applicable statutory filing requirements, this date w partment of State's records.	ill not be listed as the
٨d	option of Amendment(s)	(CHECK ONE)	·
	The amendment(s) was/were ac was/were sufficient for approva	dopted by the members and the number of votes cast for the amendment(s	8)
	There are no members or members adopted by the board of director	bers entitled to vote on the amendment(s). The amendment(s) was/were ors.	
	Dated Jan	1ary, 18, 2010	
	Signature	ridgitAppal	
	(By the chair have not be	man or vice chairman of the board, president or other officer-if directors en selected, by an incorporator if in the hands of a receiver, trustee, or appointed fiduciary by that fiduciary)	
	Bridgit A	A. Appel	
		(Typed or printed name of person signing)	
	Presiden	t/CEO	
	<del></del>	(Title of person signing)	75 16 16
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