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COVER LETTER

TO: Amendment Section Division of Corporations

Tallahassee, FL 32314

NAME OF CORPORATION:			
DOCUMENT NUMBER:			
The enclosed Articles of Amendment and fee are s	ubmitted for filing.		
Please return all correspondence concerning this ma	atter to the following:		
Pierre A. Leon			
	(Name of Contact Po	erson)	
Petion Ville Foundation corp.			
	(Firm/ Company	<i>(</i>)	
3692 coral springs Dr.			
	(Address)		
Coral Springs FL. 33065			
	(City/ State and Zip-	Code)	
alleconco@yahoo.com			
E-mail address: (to be us	sed for future annual rep	ort notification	1)
For further information concerning this matter, plea	se call:		
Pierre A. Leon	at	954	534-5772
(Name of Contact Pers		(Area Code)	(Daytime Telephone Number)
Enclosed is a check for the following amount made	payable to the Florida I	Department of	State:
■ \$35 Filing Fee □\$43.75 Filing Fee Certificate of Statu	& □\$43.75 Filing Fee is Certified Copy (Additional copy i enclosed)	Certif s Certif	0 Filing Fee icate of Status ied Copy tional Copy is sed)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327		reet Address mendment Sectivision of Corpo fton Building	

2661 Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment	3/2
to Articles of Incorporation	* 5
Petion Ville Foundation Cor	Ŷ P Ω
(Name of Corporation as currently filed with the Florida Dept. of State)	1
(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 folamendment(s) to its Articles of Incorporation:	lowing
A. If amending name, enter the new name of the corporation:	
	he new
name must be distinguishable and contain the word "corporation" or "incorporated" or the abbreviation "Corp." or "Company" or "Co." may not be used in the name.	"Inc."
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:	
New Registered Office Address.	
, Florida, 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	<u>PT</u> <u>V</u> <u>SV</u>	John Doe Mike Jones Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change Add Remove			
2) Change Add Remove		_	
2	D.	Ghislaine Rameau	2851 Riverside Dr. Apt. 105 Coral Springs FL. 33065
4) Change Add Remove		_	
5) Change Add Remove			
6) Change Add Remove			

ttach additional sheets, if hecessary).	(Be specific)

The date of each amendment(s) adoption:	, if other than the
date this document was signed.'	
11/22/2016	
Effective date if applicable: (no more than 90 days after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date document's effective date on the Department of State's records.	will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the members and the number of votes cast for the amendment was/were sufficient for approval.	.(s)
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 12/20/2016	
Signature Signature	
(By the chairman or vice chairman of the board, president or other officer-if director have not been selected, by an incorporator — if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)	
Pierre A. Leon	
(Typed or printed name of person signing)	-
President	
(Title of person signing)	-