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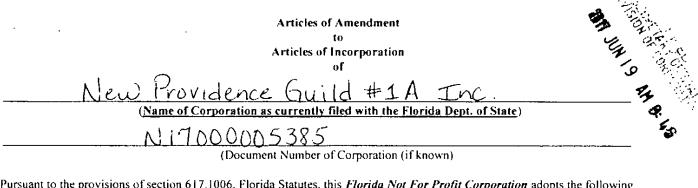
JUN 2 3 2017

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: New Providence Guild #1A Inc.	_
DOCUMENT NUMBER: N 170000 5385	_
The enclosed Articles of Amendment and fee are submitted for filing.	, - :
The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Serena Mike (Name of Contact Person)	NON S
Serena Mike 5 (Name of Contact Person)	
(Name of Contact Person)	_ 3
New Providence Guild #1A Inc. (Firm/Company)	<u>بې</u> د
20435 SW 326 ST (Address)	_
Homestead, FL 33030 (City/ State and Zip Code)	_
Miker 9691@amail. Corn E-mail address: (to be used for future annual report notification)	_
For further information concerning this matter, please call:	
Sevena Mike at 786 663-9212 (Area Code) (Daytime Telephone Number)	
Enclosed is a check for the following amount made payable to the Florida Department of State:	
S35 Filing Fee S43.75 Filing Fee S43.75 Filing Fee Scertificate of Status Certified Copy (Additional copy is enclosed) S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is Enclosed)	
Mailing Address Amendment Section Street Address Amendment Section	
Division of Companions	

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



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:

	The new
name must be distinguishable and contain the word "corporate" "Company" or "Co." may not be used in the name.	ion" or "incorporated" or the abbreviation "Corp." or "Inc."
B. Enter new principal office address, if applicable: Principal office address <u>MUST BE A STREET ADDRESS</u>)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	20435 SW 326 ST Homestead, FL 33030
 If amending the registered agent and/or registered office new registered agent and/or the new registered office agent. 	
Name of New Registered Agent:	Sevena Mike
New Registered Office Address:	(Florida street address) omestead Florida 3303 (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 D Y Mike J SV Sally S	ones	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change Add Remove	<u>PC</u>	Alfreda Straughter-Don	ald 15800 NW 2nd Ave Miami, FL 33169
2) Change Add Remove	<u>PC</u>	Serena Mike	20435 SW 326 ST Homestead, FL 33030
3) Change Add Remove	Trea	Victoria Graham-Perkins	7911 Colony Circle #101 Tamarac, FL 33321
4) Change Add Remove	Trea	Mary Mason	19458 NW 28th PL Miami Gardens, FL 33056
5) Change Add Remove	Sec	Ramona Walker	7920 NW 6th St Pembroke Pines, FL 33024
6) Change Add Remove			

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The	date of each amendment(s) adoption:	_, if other than the
date	this document was signed.	
Effe	ective date if applicable:	_
	(no more than 90 days after amendment file date)	
	e: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not ument's effective date on the Department of State's records.	be listed as the
Ade	option of Amendment(s) (CHECK ONE)	
	The amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s) was/were sufficient for approval.	
Ø	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	
	Signature Duna Mil	_
	(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)	
	Serena Mike	
	(Typed or printed name of person signing)	
	Princess Caplain (Title of person signing)	
	(Title of person arginity)	