N17000001461

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COVER LETTER

TO: Amendment Section Division of Corporations

THE PASSPORT ALLIANCE, INC. NAME OF CORPORATION:	
N17000007461	
DOCUMENT NUMBER:	
The enclosed Articles of Amendment and fee are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
SHOBHA N. LIZASO, ESQ.	
(Name of Contact Person	1)
SHOBHA N. LIZASO, P.A.	
(Firm/ Company)	
1452 VILLA JUNO DRIVE NORTH	
(Address)	
JUNO BEACH, FL 33408	
(City/ State and Zip Code	e)
SHOBHA@SNLATTORNEY.COM	
E-mail address: (to be used for future annual report i	notification)
For further information concerning this matter, please call:	
SHOBHA N. LIZASO 786	303-1839
	rea Code) (Daytime Telephone Number)
Enclosed is a check for the following amount made payable to the Florida Depa	urtment of State:
■ \$35 Filing Fee Status Certificate of Status Certified Copy (Additional copy is enclosed)	☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is Enclosed)

Mailing Address

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

THE PASSPORT ALLIANCE, INC. (Name of Corporation as currently filed with the Florida Dept. of State) N17000007461 (Document Number of Corporation (if known) Pursuant to the provisions of section 617.1006, Florida Statutes, this Florida Not For Profit Corporation adopts the follow 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) 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 Do V Mike Jo SV Sally Sr	one <u>s</u>	
Type of Action (Check One)	Title	Name	<u>Addres</u> s
I) Change	p	KEIVON HARDY	915 NW 1ST AVE. H1206
X Add			MIAMI, FL 33136
Remove			
2) Change	VP	CHANDRA BROUGHTON	915 NW 1ST AVE, H1206
X Add			MIAMI, FL 33136
Remove			
3) Change			
Add			
Remove			
4) Change			
, Add			
Remove			· · · · · · · · · · · · · · · · · · ·
S) Churus			
5) Change Add			
Remove			
6) Change			
Add			
Remove			

f amending or adding additional Arti attach additional sheets, if necessary).	(Be specific)	
		
		
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The	e date of each amendment(s) adoption:, if other than the
date	e this document was signed.
Effe	ective date <u>if applicable</u> : (no more than 90 days after amendment file date)
Not doc	te: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the sument's effective date on the Department of State's records.
Add	option of Amendment(s) (<u>CHECK ONE</u>)
	The amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s) was/were sufficient for approval.
	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 8.11.17
	Signature Jaconderson
	(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)
	Great Anderson (Typed or printed name of person signing)
	Board Member, Vice Char (Title of person signifie)