N17000003824

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: _	Auxilium Manus DEO	Corporation			
DOCUMENT NUMBER:	N17000008824				
The enclosed Articles of Amendm	ent and fee are submitted	for filing.			
Please return all correspondence c	oncerning this matter to the	e following:			
Katheryn Meagher					
	(Name	of Contact Person	1)		
Auxilium Manus DEO Corporat	ion				
	(F	irm/ Company)			
2448 Oriole Lane					
		(Address)	-		
South Daytona, FL 32119					
	(City/	State and Zip Code	e)		
auxiliummanusdeo@gmail.con	ı				
E-mail	address: (to be used for ful	ure annual report i	notification)	
For further information concerning	g this matter, please call:				
Katheryn Meagher		386 at	6	760-6070	
(Nam	e of Contact Person)		ea Code)	(Daytime Telephone	Number)
Enclosed is a check for the follow	ing amount made payable t	o the Florida Depa	artment of S	tate:	
	(Add	.75 Filing Fee & ified Copy ditional copy is losed)	Certific Certific	Filing Fee cate of Status ed Copy ional Copy is sed)	

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

HUXILIUM MA	NIS DEO Corporation
(Name of Corporation as curre	ently filed with the Florida Dept. of State)
N 17 00C	,008824
(Document Num	nber of Corporation (if known)
Pursuant to the provisions of section 617.1006, Florida Statuamendment(s) to its Articles of Incorporation:	ites, this Florida Not For Profit Corporation adopts the following
A. If amending name, enter the new name of the corpora	<u>ition:</u>
	The new
name must be distinguishable and contain the word "corpor "Company" or "Co." may not be used in the name. B. Enter new principal office address, if applicable:	ration" or "incorporated" or the abbreviation "Corp." or "Inc."
(Principal office address MUST BE A STREET ADDRESS	<u> </u>
	_
C. Enter new mailing address, if applicable:	က်
(Mailing address <u>MAY BE A POST OFFICE BOX</u>)	
	 స
D. If amending the registered agent and/or registered of	
new registered agent and/or the new registered office Name of New Registered Agent:	ATHERYN MEACHER 148 ORIOLE LAME
30	148 DRIOLE LAME
	(Florida street address)
New Registered Office Address:	
<u> Soc</u>	(City) Ay ton (, Florida 3211C) (Zip Code)
New Registered Agent's Signature, if changing Registere I hereby accept the appointment as registered agent. I am j	
	athern Meagher
	Signature of New Registered Agent, if changing

NIA

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 S	ones	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change Add Remove			
2) Change Add Remove			
3) Change Add Remove			
4) Change Add Remove			
5) Change Add Remove			
6) Change Add Remove			

E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific)	
Amending and adding to Article III to include the following:	
The organization is organized exclusively for charitable, religious, educational, and scientific purposes	
under section 501(c)(3) of the Internal Revenue Code, or corresponding section of any	
future federal tax code. Upon the dissolution of this organization, assets shall	
be distributed for one or more exempt purposes within the meaning of section 501(c)(3)	
of the Internal Revenue Code, or corresponding section of any future federal tax code,	
or shall be distributed to the federal government, or to a state or local government, for a public purpose.	
Amending Article IV to replace current information with:	
As stated by the bylaws.	
Amending Article V to replace current information with:	
Katheryn A. Meagher	
2448 Oriole Lane	
South Daytona, FL 32119	
	<u></u>

	January 30, 2018	
The date of each amendment(s) date this document was signed.	adoption:	_, if other than the
Ja Effective date <u>if applicable</u> :	anuary 30, 2018	
	(no more than 90 days after amendment file date)	•
Note: If the date inserted in this bedocument's effective date on the I	clock does not meet the applicable statutory filing requirements, this date will not be Department of State's records.	e listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were was/were sufficient for appro	adopted by the members and the number of votes cast for the amendment(s) val.	
There are no members or me adopted by the board of directions.	mbers entitled to vote on the amendment(s). The amendment(s) was/were etors.	
January Dated	30, 2018	
Signature	Cathery Magher	
have not l	airman or vice chairman of the board, president or other officer-if directors been selected, by an incorporator – if in the hands of a receiver, trustee, or appointed fiduciary by that fiduciary)	
Kathe	ryn Meagher	
	(Typed or printed name of person signing)	
Presid	ent	
	(Title of person signing)	