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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : 120000000019 : (305)552-5973 Phone : (305)675-5944 Fax Number

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COR AMND/RESTATE/CORRECT OR O/D RESIGN

ICOMPASSION INTERNATIONAL, INC

Certificate of Status	0
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Articles of Amendment 4,

to	
Articles of Incorporation	
of	
Name of corporation as currently filed with the Florida Dept. of State)	.Inc
(Document number of corporation (if known)	
Pursuant to the provisions of section 617.1006, Florida Statutes, this <i>Florida Not Corporation</i> adopts the following amendment(s) to its Articles of Incorporation:	t For Profit
NEW CORPORATE NAME (if changing):	
(must contain the word "corporation," "incorporated," or the abbreviation "corp." or "inc." or wo	erds of like import in
language; "Company" or "Co." may not be used in the name of a not for profit corporation)	_
AMENDMENTS ADOPTED- (OTHER THAN NAME CHANGE) Indicate Number(s) and/or Article Title(s) being amended, added or deleted: (BE SPECII)	Article FIC)
()	20 F
	

(Attach additional pages if necessary)

The	date of each amendment(s) adoption:			
Еffе	ctive date if applicable: (no more than 90 days after amendment file date)			
Ado	ption of Amendment(s) (CHECK ONE)			
Ó	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.			
	2-12-20			
	Signature ////d			
	(By the chairman or vice chairman of the board, president or other other-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)			
	Raul Melina	Her	20	
	(Typed or printed name of person signing)		-11	
	VPD	rini Na -	8	7)
	(Title of person signing)	ANT OF STATE	17 AM 8:50	