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AHASSEE, FLORIDA

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TO: Amendment Section **Division of Corporations**

Medica NAME OF CORPORATION:	al Mission for Haiti, Inc		
N18000005			
DOCUMENT NUMBER:			
The enclosed Articles of Amendment ar	nd fee are submitted for filing.		
Please return all correspondence concert	ning this matter to the following:		
Eddy Thomas			
	(Name of Contact Person)		
Medical Mission for Haiti			
	(Firm/ Company)		
2200 N Sherman Circle # 403			
	(Address)		
Miramar, FL 33025			
	(City/ State and Zip Code)		
ethomas483@yahoo.fr			
E-mail addre	ss: (to be used for future annual report notification)		
For further information concerning this i	natter, please call:		
Eddy Thomas	754-581-7033 at		
(Name of C	fontact Person) at		
Enclosed is a check for the following an	nount made payable to the Florida Department of State:		
	Filing Fee & S43.75 Filing Fee & S52.50 Filing Fee cate of Status Certified Copy (Additional copy is enclosed) S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is Enclosed)		
Mailing Address	Street Address		

Mailing Address
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

Articles of Amendment to Articles of Incorporation of

MEDICAL MISSION FOR HAITI, INC.

MEDICAL MISSION FOR HATT, INC			
(Name of Corporation as cur	rently filed with the Flori	da Dept. of State)	
№ 18000005674			
(Document Nu	ımber of Corporation (if kıı	own)	
Pursuant to the provisions of section 617,1006, Florida Sta amendment(s) to its Articles of Incorporation:	ntutes, this Florida Not For	Profit Corporation adopts th	e following
A. If amending name, enter the new name of the corpo	ration:		
N/A			The new
name must be distinguishable and contain the word "corp "Company" or "Co." may not be used in the name.	oration" or "incorporated	" or the abbreviation "Corp."	
B. Enter new principal office address, if applicable:	N/A		
(Principal office address MUST BE A STREET ADDRE	<u>SS</u>)		
		**************************************	=
C. Enter new mailing address, if applicable:	N/A		œ ~
(Mailing address <u>MAY BE A POST OFFICE BOX</u>)		7)* 1. 	
		(7) :-	<u>۲</u> ۶ -
		हरा हिंदी के 1 - 15	
	-		
D. If amending the registered agent and/or registered		enter the name of the	_
new registered agent and/or the new registered offi	ce address:	<u></u>	4(
N/A Name of New Registered Agent:			
		<u>-</u>	
New Registered Office Address:	(Flo	orida street address)	
		rt: I.	
	(City)	, Florida (Zip Code)	
	(0,)	(costs vinese)	
New Registered Agent's Signature, if changing Registe I hereby accept the appointment as registered agent—I an		the obligations of the position	ı.
	•		
	Signature of New Regist	ered 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>V</u> <u>Mik</u>	n Doe se Jones y Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) X Change	P	Emmanuel Jean Eddy Thomas	2200 N sherman Circle # 403
Add			Miramar, FL 33025
Remove			4507
2) X Change	S	Marlene Castor Peoples	2200 N Sherman Circle # 403
Add			Miramar, FL 33025
Remove 3) Change	T	Michel Ronald Desamours	2200 N Sherman Circle # 403
Add			Miramar, FL 33025
Remove			
4) X Change	D	Emmanuel Jean Eddy Thomas	2200 N Sherman Circle # 403
Add			Miramar, FL 33025
Remove			
5) X Change	D	Marlene Castor Peoples	2200 N sherman Circle # 403
Add			Miramar, FL 33025
Remove			
6) X Change	D	Michel Ronald Desamours	2200 N Sherman Circle # 403
Add		-	Miramar, FL 33025
Remove			

E. If amending or adding additional Ar (attach additional sheets, if necessary).	(Be specific)				
N/A					
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The date of each amendment(s) a late this document was signed.	doption:	, if other than the
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this blocument's effective date on the D	ock does not meet the applicable statutory filing requirements, this date will epartment of State's records.	I not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were a was/were sufficient for approx	adopted by the members and the number of votes cast for the amendment(s) val.	
☐ There are no members or men adopted by the board of direc	nbers entitled to vote on the amendment(s). The amendment(s) was/were tors.	
08/17/201 Dated	8	
Signature	dd Thong	
(By the cha	irman or vice chairman of the board, president or other officer-if directors een selected, by an incorporator – if in the hands of a receiver, trustee, or appointed fiduciary by that fiduciary)	
Emmar	nuel J. Thomas	
	(Typed or printed name of person signing)	
Preside	nt	
-	(Title of person signing)	