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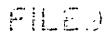
COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Association E	Des Napois A L'etranger Corp
DOCUMENT NUMBER:	
The enclosed Articles of Amendment and fee a	are submitted for filing.
Please return all correspondence concerning th	is matter to the following:
Desir Desjardins	
	(Name of Contact Person)
Association Des Mapois A L'etranger Corp	
	(Firm/ Company)
1045 Grove Park Circle	
	(Address)
Boynton Beach, Fl. 33436	
	(City/ State and Zip Code)
Desirdesjardins@yahoo.com	
E-mail address: (to	be used for future annual report notification)
For further information concerning this matter,	please call:
Desir Desjardins	561 5418695
(Name of Contact	
Enclosed is a check for the following amount r	nade payable to the Florida Department of State:
■ \$35 Filing Fee □\$43.75 Filing Certificate of	Fee & \$\Bigcup \$
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
rananassee, r ti babila	2007 Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of



Association Des Napois A L'etranger Corp		
(Name of Corporation as current	ly filed with the Flor	ida Defr. of State) P 3 20
N18000012918		
(Document Number	er of Corporation (if k	nown). Likhabbi Little Giller
Pursuant to the provisions of section 617.1006, Florida Statutes amendment(s) to its Articles of Incorporation:	s, this <i>Florida Not Fo</i>	r Profit Corporation adopts the following
A. If amending name, enter the new name of the corporation	o <u>n:</u>	
Association Des Mapois A L'etranger Corp		The new
name must be distinguishable and contain the word "corporate" "Company" or "Co." may not be used in the name.	ion" or "incorporated	
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		
(irmequi office address <u>more bis normals)</u> ;	1045 Grove Park Cir	cle
	Boynton Beach, Fl. 3	3436
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	n/a	
D. If amending the registered agent and/or registered offic new registered agent and/or the new registered office agent and/or the n		enter the name of the
Name of New Registered Agent: n/a		
		orida street address)
New Registered Office Address:	(
		, Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if changing Registered I hereby accept the appointment as registered agent. I am fair		the obligations of the position.
	anatura of New Peak	tared Saint 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.

Examp <u>X</u> Ch <u>X</u> Ro <u>X</u> A	nange emove	<u>V</u> <u>Mik</u>	n Doe te Jones y Smith			
Type ((Chec	of Action k Onc)	<u>Title</u>	<u>Name</u>		<u>Addres</u> s	
1)	Change			<u> </u>		
_	Add					
	Remove					
2)	Change					
	Add					
	Remove					
3)_	Change				_	
	Add					
_	Remove					
4)	Change					
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	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)
Member Name: Mamonvil DiRogene Cons. Adresse: 375 Mortine Avenue Breenacres Fl-3346
3 Joseph Edouard Director
;

	e date of each amendment(s) adoption:e this document was signed.	_, if other than the
Eff	ective date if applicable:	
	(no more than 90 days after amendment file date)	
	te: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be nument's effective date on the Department of State's records.	e 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.	
	There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors.	
	Signature (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)	-
	Desir Desjardins (Typed or printed name of person signing)	
	President (Pitle of person signing) (Typed of printed name of person signing)	