N18/55

(Requestor's Name) (Address) (Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status		1
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TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: <u>Adults Mankin</u>	d Organization , Inc (A	AMOR)
DOCUMENT NUM	BER:		
The enclosed Articles	s of Amendment and fee are sub	omitted for filing.	
Please return all corre	espondence concerning this mat	ter to the following:	
	Jorge Villalba (Name of	Contact Person)	
Ad:	ults Mankind Organizat (Firm	ion, Inc. / Company)	,
43	43 W. Flagler Street (A	Address)	
		33134 te and Zip Code)	 ,
	asomeillan@adultma E-mail address: (to be use	nkind.com d for future annual report notific	cation)
For further information	on concerning this matter, pleas	e call:	
Ana Someillan (Name	of Contact Person)	at (<u>305</u>) <u>445-86</u> (Area Code & Dayti	555 ime Telephone Number)
Enclosed is a check f	or the following amount made p	payable to the Florida Departmen	nt of State:
\$35 Filing Fee	☐ \$43.75 Filing Fee & Certificate of Status	□ \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□ \$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Ame Divis P.O.	ing Address ndment Section tion of Corporations Box 6327 hassee, FL 32314	Street Address Amendment Section Division of Corporati Clifton Building 2661 Executive Cent	ions

Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE Division of Corporations

September 25, 2009

JORGE VILLALBA ADULTS MANKIND ORGANIZATION, INC. (AMOR) 4343 W FLAGLER ST STE 300 MIAMI, FL 33134

SUBJECT: ADULTS MANKIND ORGANIZATION, INC. (AMOR)

Ref. Number: N18155

We have received your document for ADULTS MANKIND ORGANIZATION, INC. (AMOR) and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

Articles of Correction must be filed within 30 days of the file date of the document that is being corrected. As the time period for filing Articles of Correction has expired, an amendment to the articles of incorporation could be filed at this time.

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6905.

Letter Number: 209A00031293

Thelma Lewis
Document Specialist Supervisor



FLORIDA DEPARTMENT OF STATE Division of Corporations

September 11, 2009

JORGE VILLALBA ADULTS MANKING ORGANIZATION, INC. (AMOR) 4343 W FLAGLER ST STE 300 MIAMI, FL 33134

SUBJECT: ADULTS MANKIND ORGANIZATION, INC. (AMOR)

Ref. Number: N18155

We have received your document for ADULTS MANKIND ORGANIZATION, INC. (AMOR) and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The current name of the entity is as referenced above. Please correct your document accordingly.

Articles of Correction must be filed within 30 days of the file date of the document that is being corrected. As the time period for filing Articles of Correction has expired, an amendment to the articles of incorporation could be filed at this time.

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

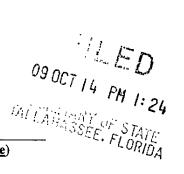
If you have any questions concerning the filing of your document, please call (850) 245-6925.

Teresa Brown Regulatory Specialist II

Letter Number: 809A00030130

2009 SEP 24 AM 8: 01 SECRETARY OF STATE

Articles of Amendment to Articles of Incorporation of



Adults Mankind Organization, Inc. (AMOR) (Name of Corporation as currently filed with the Florida Dept. of State) N18155 (Document Number of Corporation (if known) ursuant to the provisions of section 617.1006, Florida Statutes, this Florida Not For Profit Corporation as a following amendment(s) to its Articles of Incorporation: If amending name, enter the new name of the corporation: The new name must be distinguishable and contain the word "corporation" or "incorporated" or the observation "Corp." or "Inc." "Company" or "Co." may not be used in the name. Enter new principal office address, if applicable: Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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:			PK I	Inc (AMI)R	ulte Mankind Organization
(Document Number of Corporation (if known) arsuant to the provisions of section 617.1006, Florida Statutes, this Florida Not For Profit Corporation are following amendment(s) to its Articles of Incorporation: If amending name, enter the new name of the corporation: The new 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. Enter new principal office address, if applicable: Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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:	•	<u>te</u>)	n the Florida Dept. of State)	ently filed with t	(Name of Corporation as cur
(Document Number of Corporation (if known) suant to the provisions of section 617.1006, Florida Statutes, this Florida Not For Profit Corporation as following amendment(s) to its Articles of Incorporation: If amending name, enter the new name of the corporation: If amending name, enter the new name of the corporation: If amending name, enter the new name of the corporation: If amending name, enter the new name of the corporation: If amending name, enter the new name of the corporation: If amending name, enter the new name of the corporation: If amending name, enter the new name of the corporation: If amending direction ("Corp." or "Inc." "Company" or "Co." may not be used in the name. If amending address MUST BE A STREET ADDRESS ("May BE A POST OFFICE BOX") 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:					N18155
If amending name, enter the new name of the corporation: If amending name, enter the new name of the corporation: In new name must be distinguishable and contain the word "corporation" or "incorporated" or the previation "Corp." or "Inc." "Company" or "Co." may not be used in the name. Enter new principal office address, if applicable: Incipal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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:			ation (if known)	nber of Corporati	
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Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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:	- e	rporated" or th			
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new registered agent and/or the new registered office address:	_				
new registered agent and/or the new registered office address:	_				
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Name of New Registered Agent:			<u>uuitess.</u>	istereu office aug	
		-			ime of New Registered Agent:
New Registered Office Address: (Florida street address)		_	orida street address)	(Floria	w Registered Office Address:
, Florida, (City) (Zip Code)	_	_, Florida			
(City) (Zip Code)		(Zip Code)	(City)		
w Registered Agent's Signature, if changing Registered Agent: ereby accept the appointment as registered agent. I am familiar with and accept the obligations of ition.	s of the	t the obligation			
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)

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<u>Title</u>	<u>Name</u>	Address	Type of Action
SD	Juan Trasobares	525 Coral Way Apt302 Coral Gables, FL 33134	▲ Add □ Remove
D	Maria Cortese	9225 Collins Ave PH-E Miami Beach, FL 33154	_ ⊡ Add ☑ Remove
			☐ Add ☐ Remove
(attach aa	ling or adding additional Articles, edditional sheets, if necessary). (Be s	pecific)	
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The date of each amendment(s) adoption: _	10/8/09
Effective date if applicable:	(date of adoption is required) 10/8/09
	ore than 90 days after amendment file date)
Adoption of Amendment(s) (C	HECK ONE)
The amendment(s) was/were adopted by the was/were sufficient for approval.	ne members and the number of votes cast for the amendment(s)
There are no members or members entitled adopted by the board of directors.	d to vote on the amendment(s). The amendment(s) was/were
Dated_10/8/09 Signature	Juinney.
(By the chairman o have not been selec	r vice chairman of the board, president or other officer-if directors cted, by an incorporator – if in the hands of a receiver, trustee, or ed fiduciary by that fiduciary)
	yped or printed name of person signing)
Preside	(Title of person signing)

Page 3 of 3