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JIVIGION OF CONTRACTORY

COVER LETTER

TO: Amendment Section Division of Corporations	
NAME OF CORPORATION: UMAID COMP	MIDNITY FOUNDATION, IN
DOCUMENT NUMBER: N210000 236	50
The enclosed Articles of Amendment and fee are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
DEODUTTE	1 Roy
(Name of Contact	·
UMAID COMMUN	TY FOUNDATION, INC
(Firm/ Compa	
18513 SW A1st (Address)	ST,
MiRAMAR	2,FL 33029
(City/ State and Zi	p Code)
Deodutta & 9 ma	report notification)
For further information concerning this matter, please call:	
DEODUTTA ROY	at 954 558-2850
(Name of Contact Person)	(Area Code) (Daytime Telephone Number)
Enclosed is a check for the following amount made payable to the Florid	a Department of State:
S35 Filing Fee S43.75 Filing Fee & S43.75 Filing Fee Certificate of Status Certified Copy (Additional copy enclosed)	Certificate of Status
Amendment Section Division of Corporations P.O. Box 6327	Street Address Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment to

to Articles of Incorporation of

LIMAID COMMUN	ITY FOUNDAT	TLON, Inc
(Name of Corporation as currently filed with the I		
N121000	0002360	
	nt Number of Corporation (if known	1)
Pursuant to the provisions of section 617,1006, Floric amendment(s) to its Articles of Incorporation: A. If amending name, enter the new name of the content in the conten		ofit Corporation adopts the following
name must be distinguishable and contain the word "Company" or "Co." may not be used in the name.	corporation" or "incorporated" or	The new the abbreviation "Corp." of Inc.
B. Enter new principal office address, if applicable (Principal office address MUST BE A STREET AD		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	<u>OX</u>)	
D. If amending the registered agent and/or registonew registered agent and/or the new registered Name of New Registered Agent:		gr the name of the
<u>New Registered Office Address</u> :	(Florida	street address)
_		, Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if changing Re I hereby accept the appointment as registered agent.		obligations of the position.
_	Signature of New Registered	Agent, if changing

and address of each (Attach additional st Please note the offic P = President; V = V Executive Officer; C	n Officer and/or Directheets, if necessary) er/director title by the jace President; T= Trea	tor being added: first letter of the office title isurer; S= Secretary; D= Officer. If an officer/direc	· ·: Director; TR= Tru.	director being removed and title, name, stee; C = Chairman or Clerk; CEO = Chief n one title, list the first letter of each office
a change, Mike Jone	•	n, Sally Smith is named th		ST and Mike Jones is listed as the V. There is would be noted as John Doe, PT as a Change,
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>	<u>Name</u>		<u>Addres</u> s
1) Change Add	Secretary	RATNA	KUMARI	1412 High bund Valley (1 Chaclexfield, MU 6300
Remove 2) Change Add	Treasurer	Jyotsna	Roy	7108 Edison Place Palm Beach Garden, FL
Remove 3) Remove Add Remove			<u>.</u>	35410

4) ____ Change ___ Add

5) ____ Change ____ Add

δ) ____ Change ____ Add

____ Remove

___ Remove

____ Remove

E. If amending or adding additional Articles, enter change(s) here:

(attach additional sheets, if necessary). (Be specific)

	_
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	<u>—</u>
	_
	_ _
	
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	-
	_
10x1125 7022	
	er than the
date this document was signed.	
Effective date if applicable: ATTILL 2022	
(no more than 90 days after amendment file date)	
<u>Sote:</u> If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed locument's effective date on the Department of State's records.	l as the
Adoption 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.

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)

(Typed or printed name of person signing)

(Title of person signing)

2097 APR 28 AM In: 17