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TO: Amendment Section
Division of Corporations

NAME OF CORPORATION	Misyon Sove Ayiti C	Согр.		
DOCUMENT NUMBER:	N21000006683			
The enclosed Articles of An	nendment and fee are sub	mitted for filing.		
Please return all correspond	ence concerning this matte	er to the following:		
Louis Joseph				
		(Name of Contact Pe	erson)	
N/A				
	·	(Firm/ Company	y)	
16 Camden Lane				
		(Address)		
Boynton Beach, FL 33426				
		(City/ State and Zip	Code)	
msaayiti@gmail.com				
	-mail address: (to be used	for future annual rep	ort notification))
For further information con-	cerning this matter, please	call:		
Louis Joseph		n. t	(754)	245-5120
 -	(Name of Contact Person)	(Area Code)	(Daytime Telephone Number)
Enclosed is a check for the	following amount made pa	yable to the Florida	Department of:	State:
□ \$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee Certified Copy (Additional copy i enclosed)	Certifi s Certifi	Filing Fee cate of Status ed Copy ional Copy is sed)

Mailing Address

Amendment Section Division of Corporations P.O. Box 6327

Tallahassee, FL 32314

Street Address

Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

Misyon Sove Ayiti Corp.

(Name of Corporation as currently filed with the F	lorida Dept. of State)	···
N21000006683		
(Documen	it Number of Corporation (if kn	nown)
Pursuant to the provisions of section 617.1006, Floridamendment(s) to its Articles of Incorporation:	a Statutes, this Florida Not For	r Profit Corporation adopts the following
A. If amending name, enter the new name of the co	orporation:	
Multidevelopment and Social Assistance Corp.		The new
name must be distinguishable and contain the word "c "Company" or "Co." may not be used in the name.	corporation" or "incorporated	
B. Enter new principal office address, if applicable	N/A	
(Principal office address MUST BE A STREET ADI		
	 .	
		202
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	N/A	Z HAR
		,: S
		DE A
	 -	
D. If amending the registered agent and/or register		enter the name of the
new registered agent and/or the new registered	office address:	
Name of New Registered Agent:	/A	
_	(Flu	orida street address)
New Registered Office Address:		
<u>N</u>	/A	, Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if changing Reg		
I hereby accept the appointment as registered agent.	I am familiar with and accept i	the obligations of the position.
	Signature of New Registe	ared 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>PT</u> <u>V</u> <u>SV</u>	John Doe Mike Jones Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	Address
1) Change Add		N/A	
Remove			
2) Change Add		<u>N/A</u>	
Remove Change Add Remove		N/A	
4) Change Add		N/A	
Remove			
5) Change Add		N/A	
Remove			
6) Change Add		N/A	
Remove			
E. If amending or addin (attach additional shee		nal Articles, enter change(s) here: ssary). (Be specific)	
Amending article I from I	Misyon S	ove Aviti Corp. to Multidevelopment and Social !	Assistance Corp.
Amending article III to : O	Charitable	organization designated to fight poverty in the w	orld, advocate for disabled
people in different comm	unities, ra	ise funding to fight inequality, inadequate access	to food, health, education, shelter
and so on.			

	
The date of each amendment(s) adoption: date this document was signed.	, if other than the
Effective date if applicable: (no more than 90 days after a	mendment file date)
Note: If the date inserted in this block does not meet the applicable standocument's effective date on the Department of State's records.	

(CHECK ONE)

■ The amendment(s) was/were adopted by the members and the number of votes east for the amendment(s)

Adoption of Amendment(s)

was/were sufficient for approval.

	There are no memladopted by the boa	bers or members entitled to vote on the amendment(s). The amendment(s) was/were ard of directors.
	Dated	03/09/2022
	Signature	
	(By the chairman or vioc 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)
		Louis Joseph
		(Typed or printed name of person signing)
		President
		(Title of person signing)