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COVER LETTER

TO: Amendment Section Division of Corporations NAME OF CORPORATION: The House OF Buth Inc 23000010755 DOCUMENT NUMBER: N The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: For further information concerning this matter, please call: Hygela Palmer
(Name of Contact Person)

Enclosed is a check for the following amount made payable to the Florida Department of State:

∑\$35 Filing Fee □\$43.75 Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy (Additional Copy is enclosed) Enclosed)

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

(Daytime Telephone Number)

Articles of Amendment

to

Articles of Incorporation of

The House or	BIHA T	<u>-</u>	
(Name of Corporation as currently filed with the Florid	la Dept. of State)		
i 1	0010755		
	mber of Corporation (if I	mown)	
Pursuant to the provisions of section 617,1006, Florida Sta amendment(s) to its Articles of Incorporation:	itutes, this Florida Not F	or Profit Corporation adopts the	following
A. If amending name, enter the new name of the corpo	ration:		The new
name must he distinguishable and contain the word "corpo "Company" or "Co," may not be used in the name.	oration" or "incorporate	d" or the abbreviation "Corp." o	r "Inc."
B. Enter new principal office address, if applicable: (Principal office uddress <u>MUST BE A STREET ADDRE</u> .	$\frac{ss}{\sqrt{N}}$		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	MA		
D. If amending the registered agent and/or registered o	office address in Florida	enter the name of the	5
new registered agent and/or the new registered offic		t content the maint of the	
Name of New Registered Agent:	MM		
	·		
New Registered Office Address:	(F	lorsda street address)	
		, Florida	
	(City)	(Zip Code)	
New Registered Agent's Signature, if changing Register thereby accept the appointment as registered agent. I am	red Agent: familiar with and accept	the obligations of the position.	
	MA		
	Signature of New Regist	tered Agent, if changing	<u> </u>

If amending the Officers and/or Directors, enter the title and na	ame of each officer/director being removed and title, name
and address of each Officer and/or Director being added:	6

(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: XChange X Remove X Add	PT John D V Mike J SV Sally S	ones	
Type of Action (Check One)	Title	<u>Name</u>	Address
1) Change Add		MA	
Remove		. 1	
2) Change Add		MA	
Remove 3) Remove Add Remove		Mp	
4) Change Add		NA	
Remove		, 1	.2:
5) Change Add		MA	
Remove		1	
6) Change Add		MA	
Remove			
E. If amending or addir (attach additional shee		icles, enter change(s) here: (Be specific)	
Amendin	a Artic	le III Specific	purpose to Sair.
Charitable	Com	pration unat helps	women and
Children.	The mo	ubino of distribution	ns to cracinizations
Inct quali	Fu as a	exempt oracidizations	s under Sections
501(0)(3)	of the	Internal Revenue	women and s to aganizations s under sections Code.

		
		
		
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~1 I		
The date of each amendment(s) adoption: 917/203 date this document was signed.	, if other tha	in the
Effective date if applicable: QQ 3 3 (no more than 90 days after amendment file date)		
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not document's effective date on the Department of State's records.	ot be listed as th	ne
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.		

There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors.

Dated

Signature

(By the chairman or viceonairman 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)

Angela lament (Typed or printed name of person signing)

CEO/Registeral Agent
(Title of person signing)