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COVER LETTER

TO: Amendment Section Division of Corporations

TOUSSAINT FOR HAITI CORP NAME OF CORPORATION:
N24000009079
DOCUMENT NUMBER:
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
JACK TOUSSAINT
(Name of Contact Person)
TOUSSAINT FOR HAITI CORP
(Firm/ Company)
3140 S OCEAN DRIVE APT 506
(Address)
HALLANDALE BEACH, FL 33009
(City/ State and Zip Code)
TOUSSAINT.JACKJ@GMAIL.COM
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
JACK TOUSSAINT 954 7986920
(Name of Contact Person) at (Area Code) (Daytime Telephone Number)
Enclosed is a check for the following amount made payable to the Florida Department of State:
S35 Filing Fee S43.75 Filing Fee & Certificate of Status Certificate of Status Certified Copy (Additional copy is enclosed) S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is 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

Articles of Amendment to Articles of Incorporation of

TOUSSAINT FOR HAITI CORP			
(Name of Corporation as currently filed with th	e Florida I	Dept. of State)	
N24000009079			
(Docum	nent Numb	er of Corporation (if kn	own)
Pursuant to the provisions of section 617.1006, Flo amendment(s) to its Articles of Incorporation:	rida Statuto	es, this <i>Florida Not For</i>	Profit Corporation adopts the following
A. If amending name, enter the new name of th	e corporat	ion:	
N/A			The new
name must be distinguishable and contain the word "Company" or "Co." may not be used in the nam	l "corpora <u>e</u> .	tion" or "incorporated	
B. Enter new principal office address, if applica	thle:	N/A	
(Principal office address MUST BE A STREET A)	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)	<u>BOX</u>)	N/A	
			
D. If amending the registered agent and/or regi			enter the name of the
new registered agent and/or the new register	ed office a	iddress:	
Name of New Registered Agent:	N/A		
	N/A		
		(Fle	rida street address)
New Registered Office Address:			
			, Florida
		(City)	(Zip Code)
New Registered Agent's Signature, if changing l	Registered	Agent:	
I hereby accept the appointment as registered agen			the obligations of the position.
-			
	Si	ignature of New Registe	red Agent, if changing SECRE
			产品 品
			>= ::

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: XChange X Remove X Add	PT John D V Mike J SV Sally S	ones	
Type of Action (Check One)	<u>Title</u>	Name	Address
1) Change Add		 .	
Remove			
2) Change Add			
Remove 3) Change Add Remove			
4) Change Add			
Remove			
5) Change Add			
Remove			SECRI
6) Change Add		<u></u>	
Remove			
E. If amending or addin (attach additional shee		ticles, enter change(s) here: (Be specific)	PH 3: 43
ADD: SAID ORGANIZA	ATION IS ORGA	ANIZED EXCLUSIVELY FOR CHARITABL	E. RELIGIOUS, EDUCATIONAL,
AND SCIENTIFIC PUR	POSES, INCLUI	DING, FOR SUCH PURPOSES, THE MAKIN	G OF DISTRIBUTIONS TO
ORGANIZATIONS THA	AT QUALIFY A	S EXEMPT ORGANIZATIONS DESCRIBED	UNDER SECTION 501(C)(3) OF
THE INTERNAL REVE	NUE CODE. OR	CORRESPONDING SECTION OF ANY FU	TURE FEDERAL TAX CODE.

						
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The date of each amendment(s) addate this document was signed.	ιορειση:			20	TEOILE	r than the
					DEC	WELVA
Effective date if applicable:	(no more than 90 day.	s after amendment file d	late)	<u> </u>	$\overline{\omega}$	\$
Note: If the date inserted in this blo document's effective date on the De		• • • • • • • • • • •		15 - C	-0	111
Note: If the date inserted in this blo document's effective date on the De	ck does not meet the applica partment of State's records.	able statutory filing requ	urements, this date	wilțińoth in o	e li ste d : ಬ	as the":
					3: 43	
Adoption of Amendment(s)	(<u>CHECK ONE</u>)			ירן: ירן:	ω	

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	12-04-2024			
(F	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)			
	JACK TOUSSAINT			
	(Typed or printed name of person signing)			
	PRESIDENT			

(Title of person signing)