13/3/

(Requestor's Name)		
(Address)		
(Ad	idress)	
(Cit	ty/State/Zip/Phone #)	_
PICK-UP	WAIT MAIL	
(Bu	isiness Entity Name)	_
(Document Number)		
Certified Copies	Certificates of Status	_
Special Instructions to	Filing Officer:	7
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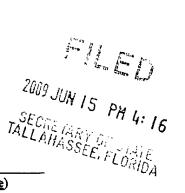


COVER LETTER

TO: Amendment Section **Division of Corporations**

NAME OF CORPORATION: STOP HUNGER INC.			
DOCUMENT NUM	iber: <u>N31729</u>		
The enclosed Article	s of Amendment and fee are sub	mitted for filing.	
Please return all corr	espondence concerning this matt	er to the following:	
		ANA KATS	
	(Name of	Contact Person)	
	STOP H	IUNGER INC.	
	(Firm	/ Company)	
	12050 NE 14	AVENUE, UNIT 2	
 	(A	Address)	
	NORTH M	IIAMI, FL 33161	
_	(City/ Stat	te and Zip Code)	
·	stophunger E-mail address: (to be use	rinc@yahoo.com d for future annual report notific	cation)
For further informati	on concerning this matter, please	e call:	
TATYANA KATS		at (305) 891-88	11
(Name	e of Contact Person)		ime Telephone Number)
Enclosed is a check	for the following amount made p	ayable to the Florida Departme	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 Divi P.O.	ling Address mandment Section sion of Corporations Box 6327 ahassee, FL 32314	Street Address Amendment Section Division of Corporat Clifton Building 2661 Executive Cent Tallahassee, FL 3236	ter Circle

Articles of Amendment to Articles of Incorporation of



SIOPH	UNGER INC.	TOCE, FLL
	ntly filed with the Florida Dept. of S	
	31729	
	ber of Corporation (if known)	
Pursuant to the provisions of section 617.1006, Fi the following amendment(s) to its Articles of Inc		Profit Corporation adopts
A. If amending name, enter the new name of	the corporation:	
The new name must be distinguishable and conabbreviation "Corp." or "Inc." "Company" or		corporated" or the
B. <u>Enter new principal office address, if appli</u> (Principal office address <u>MUST BE A STREET</u>		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFIC	TE BOX)	
D. If amending the registered agent and/or re new registered agent and/or the new regist	egistered office address in Florida, e tered office address:	nter the name of the
Name of New Registered Agent:		 -
New Registered Office Address:	(Florida street address)	<u>—</u>
		, Florida
_	(City)	(Zip Code)

Page 1 of 3

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)

<u>Title</u>	<u>Name</u>	Address	Type of Action
<u>D</u>	Dr. Lauren J Kalman	3505 Green leaf Circle Hollywood, Fl 33021	☑ Add □ Remove
	-th-set-		
E. If amend (attach aa	ling or adding additional Articles, edditional sheets, if necessary). (Be s	nter change(s) here: pecific)	·
	:		
	7.70.70.70.70.70.70.70.70.70.70.70.70.70		

The date of each amendmen	t(s) adoption: 🗥	5/12/2009
Effective date <u>if applicable</u> :		(date of adoption is required)
-		re than 90 days after amendment file date)
Adoption of Amendment(s)	(СН	IECK ONE)
The amendment(s) was/we was/were sufficient for app		e members and the number of votes cast for the amendment(s)
✓ There are no members or adopted by the board of di		to vote on the amendment(s). The amendment(s) was/were
Dated 06/1	2/2009) A
(B) hav	e not been select	vice chairman of the board, president or other officer-if directors ed, by an incorporator – if in the hands of a receiver, trustee, of fiduciary by that fiduciary)
	(Tsu	JULIUS LITTMAN ped or printed name of person signing)
	(1y	EXECUTIVE DIRECTOR
		(Title of person signing)

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