N940000004104

(R	equestor's Name)	
(A	ddress)	
(A	ddress)	·
. (С	ity/State/Zip/Phone	#)
PICK-UP	WAIT	MAIL
(В	usiness Entity Nam	е)
(D	ocument Number)	
Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	
,		





600182385056

4.3

06/24/10--01017--014 **35.00

2010 JUN 24 PH 12: 43
SECRETARY OF STATE

NC

TB JUN 25 2010

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: "Do Onto	Others" Trust, 1	NC.
DOCUMENT NUMBER: N94000004	104	
The enclosed Articles of Amendment and fee are sub-	mitted for filing.	
Please return all correspondence concerning this matt	er to the following:	
Alicia Celori	0	
(Name of	Contact Person)	
	ers Trust Inc.	
2746 SW 11th	Street	
(A	(ddress)	
Miami, FL 3	33135	
(City/ Stat	e and Zip Code)	
celoriot@ E	pellsouth net	
For further information concerning this matter, please		11)
		0.00
Alicia Celorio	at (305) <u>643 - (</u> (Area Code & Daytime)	0966 Talanhana Number
Enclosed is a check for the following amount made pro-	ayable to the Florida Department of	State:
\$35 Filing Fee \$\to\$ Status \$\text{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)
Mailing Address Amendment Section	Street Address Amendment Section	
Division of Corporations P.O. Box 6327	Division of Corporations Clifton Building	
Tallahassee, FL 32314	2661 Executive Center Ci Tallahassee, FL 32301	rcle

Articles of Amendment

to Articles of Incorporation of	Mary CO
" Do Onto Others" Trust, INC.	
(Name of Corporation as currently filed with the Florida Dept. of Sta N 940000 4104	ate) ORIG
(Document Number of Corporation (if known)	

Pursuant to the provisions of section 617.1006, Florida Statutes, this *Florida Not For Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

	ers" TRU		
'he new name must be distinguishable an bbreviation "Corp." or " Inc." <u>"Compan</u>			
B. Enter new principal office address, if Principal office address MUST BE A STE			
Enter new mailing address, if applica (Mailing address MAY BE A POST OF			
. If amending the registered agent and/ new registered agent and/or the new i			enter the name of the
Name of New Registered Agent:			enter the name of the
new registered agent and/or the new i	registered office add		enter the name of the
new registered agent and/or the new in Name of New Registered Agent:	registered office add	Iress:	enter the name of the , Florida (Zip Code)
new registered agent and/or the new in Name of New Registered Agent:	(Florid	da street address) (City) gent:	, Florida (Zip Code)

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>	<u>Address</u>	Type of Action
			☐ Add ☐ Remove
			☐ Add ☐ Remove
			□ Add □ Remove
E. If amen (attach a	ding or adding additional A dditional sheets, if necessary,	rticles, enter change(s) here: . (Be specific)	
	he word "O should be '	nto" was miss 'Unto". Please	change.
	• .		

The date of each amendment(a) adoption: $\frac{6/17/2010}{}$
Effective date <u>if applicable</u> :	. (date of adoption is required) Immediately
	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/were was/were sufficient for appro	e adopted by the members and the number of votes cast for the amendment(s) oval.
There are no members or m adopted by the board of dire	embers entitled to vote on the amendment(s). The amendment(s) was/were ctors.
Dated	6/17/2010
have	he chairman or vice chairman of the board, president or other officer-if directors not been selected, by an incorporator – if in the hands of a receiver, trustee, or court appointed fiduciary by that fiduciary)
	Alicia Celorio (Typed or printed name of person signing)
	Officer / Director