## N97000000411

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TO: Amendment Section

P.O. Box 6327 Tallahassee, FL 32314

' División of Corporations
NAME OF CORPORATION: Partnership for American-African Development, Inc.
DOCUMENT NUMBER: N9700000411
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Martha R. Brown (Name of Contact Person)
P.A.A.D
6138 Burhley Court
Orlando FL. 32809 (City/ State and Zip Code)
Olosade Delsouth net E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Martha R. Brown at 407-701-5348 (Area Code) (Daytime Telephone Number)
Enclosed is a check for the following amount made payable to the Florida Department of State:
\$35 Filing Fee  \$\bigcup \\$43.75 Filing Fee & \bigcup \\$43.75 Filing Fee & Certificate of Status
Mailing Address Amendment Section Division of Corporations P.O. Box 6327  Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

## Articles of Amendment to

Articles of incorporation	
Partnership for American- African Dovelop ment In (Name of Corporation as currently filed with the Florida Dept. of State)	nc.
N 97 000 000 411 (Document Number of Corporation (if known)	
Pursuant to the provisions of section 617.1006, Florida Statutes, this <i>Florida Not For Profit Corporation</i> adopts the following amendment(s) to its Articles of Incorporation:	
A If amending name, enter the new name of the corporation:  HA, A, D - What A Fan Charifes Inc. The new name must be distinguishable and contain the word "corporation" or "incorporated" or the abbreviation "Corp." or "Inc."  "Company" or "Co." may not be used in the name.	
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)  PROPERTY OF THE PROPE	
D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered offige address:	
Name of New Registered Agent:	
(Florida street address)  New Registered Office Address:	
, Florida	
(City) (Zip Code)	
New Registered Agent's Signature, if changing Registered Agent:  I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.	
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)

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	PT Y SV	John Doe Mike Jones Sally Smith		
Type of Action (Check One)	Title	<u>Name</u>		Address
I) Change		N/A	<del> </del>	
Add				
Remove				
2) Change				
Add				
Remove				
3) Change				
Add				
Remove				
4) Change				
Add				
Remove				
5) Change		<u> </u>	<del>, , , , , , , , , , , , , , , , , , , </del>	
Add				
Remove				
6) Change		-		·
Add				
Remove				

E. If amending or adding additional Article (attach additional sheets, if necessary).	icles, enter change(s) here: (Be specific)
N/A	
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	e date of each amendment(s) adoption:, if other than the		
date this document was signed.			
Eff	fective date if applicable:		
	(no more than 90 days after amendment file date)		
	te: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the cument's effective date on the Department of State's records.		
Ad	loption 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.		
	Signature MARTHA R. BROWN - Model Martinan 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)		
	MARTHA R. BROWN (Typed or printed name of person signing)		
	Charman/CED (Title of person signing)		