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Andrews (12/2/10)

COVER LETTER

TO: Amendment Section		
Division of Corporations		
SUBJ: ADD DIRECTOR		-1-6 report 16
NAME OF CORPORATION: HUMAN, T	TY RY SOURCES DENT	200411, 100
DOCUMENT NUMBER: 1/9	700000530	
The enclosed Articles of Amendment and fee are	e submitted for filing.	
Please return all correspondence concerning this	matter to the following:	
	Mr John Broz 402 N Lakeside Dr Lake Worth FL 33460-3117	
HUMARITY	PESOURCES DEVELOPM	urat, Inc
/ (1	Firm/ Company)	
402 Non	tH LAKESIDE PR	UF
	(Address)	
LAKE W	ORTH FL 33460	
·	State and Zip Code)	
Hapiya,	BEW SOUTH, WET	
E-mail address: (to be	used for future annual report notifica	tion)
For further information concerning this matter, p	lease call:	
JOHN J BROZ	at (56/) 58%	2 8695
(Name of Contact Person)		e Telephone Number)
Enclosed is a check for the following amount ma	de 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 enclosed)	Certified Copy (Additional Copy is enclosed)
Mailing Address	Street Address	·
Amendment Section Division of Corporations	Amendment Section	10
P.O. Box 6327	Division of Corporation Clifton Building	19
Tallahassee, FL 32314	2661 Executive Center Tallahassee, FL 32301	Circle

Articles of Amendment

to

Articles	of	Incorporation
		of

(Name of Corporation as currently f	of VCCS DINUX Iled with the Florida Dept. of S	encot //i/C	í
(Document Number of	DDD53D f Corporation (if known)		
Pursuant to the provisions of section 617.1006, Florid the following amendment(s) to its Articles of Incorpor		Profit Corporation adopts	
A. If amending name, enter the new name of the co	orporation:		
The new name must be distinguishable and contain abbreviation "Corp." or "Inc." "Company" or "Co.	the word "corporation" or "inc "may not be used in the name.	corporated" or the	
B. Enter new principal office address, if applicable (Principal office address MUST BE A STREET ADD			
C. Enter new mailing address, if applicable: (Mailing address <u>MAY BE A POST OFFICE BO</u>	DX)	SEGRETARY OF ST TALLAHASSEE FLO	
D. If amending the registered agent and/or register new registered agent and/or the new registered		ter the name of GRe	
Name of New Registered Agent:		_	
New Registered Office Address:	(Florida street address)	 _	
	(City)	, Florida (Zip Code)	
New Registered Agent's Signature, if changing Reg I hereby accept the appointment as registered agent position.		pt the obligations of the	
Signatur	re of New Registered Agent, if cho	anging	

removed and	l title, name, an	d address of each Offic	er and/or Director being added:	
<u>Title</u>	Name	DIRECTOR	Address	Type of Action
Director DASS PORT	NS. Ko. # 210912	NNIE L. LEE 350 USA	Address 1400 CLARE WOOD DR APT 119 SAN MARCO TEXAS 78666	_ ⊠ Add ≤ □ Remove -
				_
		dditional Articles, enter f necessary). (Be spec		
			///	
	J			
	·			

The date of each amendment(s) adoption: 23 NUMALU 5010
Effective date if applicable: 23 November 2010
(no more than 90 days after amendment file date)
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 23 NOVFUER 2010
Signature 9 M
(By the chairman of 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)
JOHN J BROZ
(Typed or printed name of person signing)
PRPSI DENT
(Title of person signing)