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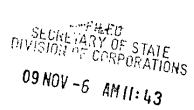
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COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATIO	N: Wyclef Jean Fo	undation Inc.	
DOCUMENT NUMBER: _			
The enclosed Articles of Ame	endment and fee are su	bmitted for filing.	
Please return all corresponder	nce concerning this mat	tter to the following:	
•	David M. Hryck	·	•
	(Name of	f Contact Person)	
	DLA Piper LLP	(US)	•
	(Firm	n/ Company)	
	1251 Avenue of	the Americas	
		Address)	· · · · · · · · · · · · · · · · · · ·
	New York, NY	10020	
	(City/ Sta	ate and Zip Code)	
		•	
E-	mail address: (to be use	ed for future annual report notifica	tion)
For further information conce	erning this matter, pleas	se call:	
david.hryck@dlapiper	.com	at ()335-4969)
(Name of Cont	act Person)	(Area Code & Daytin	ne Telephone Number)
Enclosed is a check for the fo	llowing amount made [payable to the Florida Department	of State:
	ficate 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 Addr Amendment S Division of Co P.O. Box 6327 Tallahassee, F	ection orporations 7	Street Address Amendment Section Division of Corporation Clifton Building 2661 Executive Center Tallahassee, FL 32301	

Articles of Amendment to Articles of Incorporation of



Wyclef Jean Found		
(Name of Corporation as cu	rrently filed with the Florida Dept. of	State)
(Document N	umber of Corporation (if known)	
Pursuant to the provisions of section 617,100 the following amendment(s) to its Articles of	06, Florida Statutes, this Florida Not For Incorporation:	Profit Corporation adopts
A. If amending name, enter the new name	of the corporation:	
Yele Haiti Founda	tion Inc.	•
The new name must be distinguishable and abbreviation "Corp." or "Inc." "Company"	contain the word "corporation" or "i "or "Co." may not be used in the name.	ncorporated" or the
B. Enter new principal office address, if a (Principal office address MUST BE A STRI		
•		
		··········
C. Enter new mailing address, if applicab		
(Mailing address <u>MAY BE A POST OF</u>	FICE BOX)	
		·····
•		
D 16 di di di di di di		
D. If amending the registered agent and/onew registered agent and/or the new re		enter the name of the
Name of New Registered Agent:		
name of New Auguster ou rigem.		
New Registered Office Address:	(Florida street address)	
		, Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if change I hereby accept the appointment as register position.	ging Registered Agent: red agent. I am familiar with and acc	cept the obligations of the
_	Signature of New Registered Agent, if c	hanging

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> </u>	· · · · · · · · · · · · · · · · · · ·		
E. <u>If amend</u> (attach ad	ing or adding additional Article ditional sheets, if necessary). (E	s, enter change(s) here: le specific)	
			
,,			
	· :	. ,	
			15-F-1-10-F-10-F-10-F-10-F-10-F-10-F-10-

The date of each amendment(s) adoption: August 215, 2294		
Effective date if applicable:	(dile of adoption is required)	
	(no more than 90 days after amendment file date)	
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were a was/were sufficient for approve	dopted by the members and the number of votes cast for the amendment(s)	
There are no members or men adopted by the board of direct	bers entitled to vote on the amendment(s). The amendment(s) was/were ors.	
DatedAu	purt 26 2009	
Signature		
(By\thu have n	chairman or vice chairman of the board, president or other officer-if directors to been selected, by an incorporator – if in the hands of a receiver, trustee, or our appointed fiduciary by that fiduciary)	
_	TERRY DubleSSIS (Typed or printed name of person signing)	
_	Charman Executive Officer	