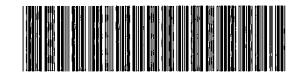
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(Requestor's Name)
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(City/State/Zip/Phone #)
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SECRETARY OF STATE
VALLAHASSEE, FLORID

Monding of March 108

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: Americ	an Internation	al Relief
DOCUMENT NUMBER: 980000	4462	
The enclosed Articles of Amendment and fee are	submitted for filing.	
Please return all correspondence concerning this	matter to the following:	
<u>Camille Me</u>	Contact Person)	
American Inter	national Reli	eF.
14815 NW 11th	Ave Address)	
	33168 te and Zip Code)	
For further information concerning this matter, p	lease call:	
Camille Metilus (Name of Contact Person)	at (305) 687- (Area Code & Daytime Te	9950 lephone Number)
Enclosed is a check for the following amount ma	de payable to the Florida Depart	ment 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)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	B

Articles of Amendment

Articles of Incorporation of

	01	1		
American Inter	· nations	al Relief	Ihc.	
(Name of Corporation as current	ntly filed with t	the Florida Dept. of State	<u>e</u>)	
(Document Numl	ber of Corporat	ion (if known)		
(=		((200)) 1
Pursuant to the provisions of section 617.1006, F		, this <i>Florida Not For Pro</i>	fit Corporation ac	dop te
the following amendment(s) to its Articles of Inc	orporation:		N SSI SSI	
A. If amending name, enter the new name of	the cornoratio	n•	mo 3	[]
71. If amending name, enter the new name of	the corporatio	<u></u>	S. S.	
			유를 =	_
The new name must be distinguishable and conabbreviation "Corp." or "Inc." "Company" or			porated the	•
B. Enter new principal office address, if appli (Principal office address MUST BE A STREET			4.4	
	<u>,</u>	14815 Nh) II WALVE	و
		Miamit	33168	
6 T)	-	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFIC	F ROV			
(muning uturess <u>mai be a rost of tre</u>	<u>L BOA</u> /			
D. If amending the registered agent and/or re			the name of the	
new registered agent and/or the new regist	ered office add	lress:		
Name of New Registered Agent:	2amill	e Merilus		
	11.015 6	11.1 11th and		
New Registered Office Address:	14813 N	da street address))	
	(110/1	ad sir eer daar ess)		
_	MIC	any	, Florida 351 6 8	<u> </u>
		(City)	(Zip Code)	
New Registered Agent's Signature, if changing	a Pagistared A.	gent:		
I hereby accept the appointment as registered		familiar with and accept	the obligations of	f the
position.		4		
Sig	gnature of New	Registered Agent, if chang	ging	

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)

AT Marie José Pierre 12750 NW 1st are MAdd Remove VC Elsie Joseph 1031 Wes Sawred Add	emolle
COUNSELOR M. F. 1.33161 Remove	
VC Elsie Joseph 1031 Wes Dairy Add	
$\frac{\pm 228}{\text{Mia} + 33179} \square \text{ Remove}$	
E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific)	
Delete as Huggins Venerin - YC	
Delete as Huggins Venerin - YC Add as Huggins Venerin - T	
Remove Madeleine Gerenis-VT	

The date of each amendment(s) adoption: 10-12-08			
Effective date if applicable:				
(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	adopted by the members and the number of votes cast for the amendment(s) val.			
There are no members or me adopted by the board of direct	embers entitled to vote on the amendment(s). The amendment(s) was/were ctors.			
Dated	10 - 0 - 8			
Signature W	A Company in the company of the comp			
h at/e	ne 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)			
•	Camille, Merilus (Typed or printed name of person signing)			
•	Resident/Ex-Director (Title of person signing)			