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| PICK-UP WAIT | MAIL | | |
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| Certified Copies Certificates of Stat | tus <u> </u> | | . : |
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| Special Instructions to Filing Officer: | | | |
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SECRETARY OF STATE
TALLIAHASSEE, FI OR HE

Americ C.COULLIETTE

JUL 22 2009

EXAMINER

COVER LETTER

TO: Amendment Section Division of Corporations

| NAME OF COR | PORATION: | What Abo | out Th | ne Children | Outrea | ich Center | |
|----------------------|--|----------------|--------------------------|--|------------|---|---------|
| DOCUMENT NU | JMBER: | | ·· ·· | P0500007 | 8759 | | |
| The enclosed Artic | cles of Amendment | and fee are su | bmitte | d for filing. | | | |
| Please return all co | orrespondence conce | erning this ma | itter to | the following: | | | |
| | | | | Cleare | | | |
| | | Name (| or Conta | ct Person | | | |
| | W | | | ildren Outrea | ch | | |
| | | Fir | m/ Com | pany | | | |
| | | 2255 N | | oth Street | | | |
| | | | Addres | SS . | | | |
| | | | | a 33056 | | | |
| <u>.</u> | Koclogre 6 E-mail address: | mbellso | sush | Zip Code Linguit Total The control of the control | ication) | | |
| For further inform | ation concerning this | s matter, plea | se call: | | | | |
| } | Kimberly Cleare | | at (| 305) | 72 | 5-2747 | |
| Name | of Contact Person | | | Area Code & Da | ytime Tele | phone Number | |
| Enclosed is a chec | k for the following a | mount made | payabl | e to the Florida | a Departi | ment of State: | |
| □ \$35 Filing Fee | ☑ \$43.75 Filing Fe Certificate of St | | Cert | 75 Filing Fee & ified Copy litional copy is en | oclosed) | S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is en | closed) |
| P.O. Box 6 | nt Section f Corporations | | Amen Divisi Clifto | Address dment Section on of Corporat n Building Executive Cent | tions | ; | |

Tallahassee, FL 32301

Articles of Amendment to **Articles of Incorporation**

| · | | | |
|--------------------------------|--|---|--|
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| er of Corporation (if known) | | | |
| Florida Statutes, this Florida | la Profit Corporatio | on adopts the | following |
| he corporation: | | | |
| | ·· | | |
| lesignation "Corp," "Inc," o | r "Co". A profess. | ion <u>al</u> corporat | the ion |
| E BOX) | | 7 AM 8:51 RY OF STATE SEE. FLORIDA | |
| | orida, enter the nai | me of the | |
| ered office address: | | | |
| | | | |
| (Florida street addr | ess) | | |
| | | | |
| (City) | (Zip Code) | | |
| Registered Agent: | _ | | |
| ent. I am familiar with and a | accept the obligation | is of the positio | n. |
| nature of New Registered Ag | ent, if changing | | |
| | tly filed with the Florida Dec 20078759 er of Corporation (if known) Florida Statutes, this Florida the corporation: word "corporation," "consignation "Corp," "Inc," of the exignation "Corp," "Inc," of the exignation association," or the existence of the exist | Florida Statutes, this Florida Profit Corporation the corporation: The word "corporation," "company," or "incompany or "incompany or "incompany or "incompany or "Inc," or "Co". A profess sessional association, or the abbreviation "P.A." Table: ADDRESS Telefice address in Florida, enter the national ered office address: (Florida street address) (Florida street address) (City) (Zip Code) Registered Agent: | ty filed with the Florida Dept. of State) 00078759 er of Corporation (if known) Florida Statutes, this Florida Profit Corporation adopts the he corporation: The neword "corporation," "company," or "incorporated" or essignation "Corp." "Inc," or "Co". A professional corporate ssional association," or the abbreviation "P.A." EBOX) CISTER OF CORP. CISTER OF |

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 |
|--------------|--|--|----------------|
| <u>VP</u> | Eddie Hutchinson | 2255 NW 195th street Miami Florida, 33056 | |
| | | | |
| | | | |
| | ding or adding additional Articles, of dditional sheets, if necessary). (Be | | |
| | | | |
| provisi | mendment provides for an exchange ons for implementing the amendment applicable, indicate N/A) | | |
| | | | |
| | | | |
| | | | |

| The date of each amendment | t(s) adoption: 07/14/2009 |
|--|--|
| | (date of adoption is required) |
| Effective date if applicable: | (no more than 90 days after amendment file date) |
| Adoption of Amendment(s) | (CHECK ONE) |
| The amendment(s) was/we by the shareholders was/w | re adopted by the shareholders. The number of votes cast for the amendment(s) ere sufficient for approval. |
| The amendment(s) was/we must be separately provide | re approved by the shareholders through voting groups. The following statement and for each voting group entitled to vote separately on the amendment(s): |
| "The number of votes | cast for the amendment(s) was/were sufficient for approval |
| by | .,,, |
| | (voting group) |
| The amendment(s) was/we action was not required. | re adopted by the board of directors without shareholder action and shareholder |
| The amendment(s) was/we action was not required. | re adopted by the incorporators without shareholder action and shareholder |
| Dated | 7-14-2009 |
| Signature | Kinley & Cleane |
| | a director, president or other officer – if directors or officers have not been ected, by an incorporator – if in the hands of a receiver, trustee, or other court |
| | pointed fiduciary by that fiduciary) |
| • | Kimberly Cleare |
| | (Typed or printed name of person signing) |
| | President |
| | (Title of person signing) |