

P09000025822

(Requestor's Name)

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(Address)

(City/State/Zip/Phone #)

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2009 APR 14 AM 10:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Amend

TB

4-14-09

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: MOD RELIEF AMERICA

DOCUMENT NUMBER: PO9000025822

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

CLAUDIO D. PEBO

(Name of Contact Person)

MOD RELIEF AMERICA

(Firm/ Company)

791 N PINE ISLAND RD #214

(Address)

PLANTATION FL 33324

(City/ State and Zip Code)

For further information concerning this matter, please call:

CLAUDIO D. PEBO

(Name of Contact Person)

at (754) 246-4904

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount made payable to the Florida Department 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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 8, 2009

CLAUDIO D PEBO
MOD RELIEF AMERICA CORP
791 N PINE ISLAND RD #214
PLANTATION, FL 33324

SUBJECT: MOD RELIEF AMERICA CORP
Ref. Number: P09000025822

We have received your document for MOD RELIEF AMERICA CORP and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

The date of adoption of each amendment must be included in the document.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6925.

Teresa Brown
Regulatory Specialist II

Letter Number: 109A00011842

Articles of Amendment
to
Articles of Incorporation
of

Mod Relief America Corp

(Name of Corporation as currently filed with the Florida Dept. of State)

P09000025822

(Document Number of Corporation (if known))

FILED
2009 APR 14 AM 10:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Pursuant to the provisions of section 607.1006, Florida Statutes, this **Florida Profit Corporation** adopts the following amendment(s) to its Articles of Incorporation:

A. If amending name, enter the new name of the corporation:

The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.," or the designation "Corp.," "Inc.," or "Co." A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."

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**)

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 office address:

Name of New Registered Agent:

HUMADAI HUMADAI

New Registered Office Address:

12725 NE 11 AVE

(Florida street address)

MIAMI,

(City)

Florida 33161

(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)

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
SP	OMA HUMADAI	12725 NE 11 AVE MIAMI, FL 33161	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
P	HUMADAI HUMADAI	12725 NE 11 AVE MIAMI, FL 33161	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

E. If amending or adding additional Articles, enter change(s) here:

(attach additional sheets, if necessary). (Be specific)

F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:

(if not applicable, indicate N/A)

The date of each amendment(s) adoption: _____

04/21/09

Effective date if applicable: _____

(no more than 90 days after amendment file date)

Adoption of Amendment(s)

(CHECK ONE)

☒ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.

☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided 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/were adopted by the board of directors without shareholder action and shareholder action was not required.

☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.

Dated _____

4/21/09

Signature _____

C.D.P.

(By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)

CLAUDIO D. PELO

(Typed or printed name of person signing)

Vice President

(Title of person signing)