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TALLAHASSEE, FLORIDA

FEB 1 1 2014 C. CARROTHERS

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Toscph Toro

Name of Contact Person Firm/ Company 2900 N. Military to 1 # 107 Boca R. ton FL - 33431

City/ State and Zip Code Toro Joe @ Aol. Com
E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Tuseph Turo at (847) 500 300 l

Name of Contact Person Area Code & Daytime Telephone Number Enclosed is a check for the following amount made payable to the Florida Department of State: \$52.50 Filing Fee □\$43.75 Filing Fee & □ \$35 Filing Fee □\$43.75 Filing Fee & Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed) **Mailing Address** Street Address **Amendment Section** Amendment Section **Division of Corporations Division of Corporations** P.O. Box 6327 Clifton Building Tallahassee, FL 32314 2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment to

, :

Articles of Incorporation of

Reawakenings Mar	ia sement	InC.	
(Name of Corporation as currently filed with the Fl	orida Dept. of State)		至公子
p 120000 166	16		LCG THE
(Document Number of Corporation (if	known)		
Pursuant to the provisions of section 607.1006, Florida Statutes, this Its Articles of Incorporation:	Florida Profit Corporation	adopts the following	g amendment(s
A. If amending name, enter the new name of the corporation:			The Table
name must be distinguishable and contain the word "corporation "Corp.," "Inc.," or <i>Co.,</i> " or the designation "Corp," "Inc," or "Coword" chartered," "professional association," or the abbreviation "F	O". A professional corp	rporated or the a poration name must	rne new bbreviation contain the
B. Enter new principal office address, if applicable:		Same	_
(Principal office address <u>MUST BE A STREET ADDRESS</u>)			_
			_
C. Enter new mailing address, if applicable:		•	-
(Mailing address MAY BE A POST OFFICE BOX)		ame_	_
			-
			_
D. If amending the registered agent and/or registered office address: new registered agent and/or the new registered office address:		name of the	
Name of New Registered Agent		- 546	us the
	- 7F 3	_	ys the
(Florida stre	,		, a me
New Registered Office Address: (City)	, Flori	ida(Zip Code)	-
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar w	ith and accept the obligat	ions of the position.	
Signature of New Registered A	gent, 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)

Please note the officer/director title by the first letter of the office title:

P = President; V= Vice President; T= Treasurer; S= Secretary; D= Director; TR= Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: X Change	PT John I	<u>Doe</u>	
X Remove	<u>V</u> <u>Mike</u>	<u>Jones</u>	
X Add	SV Sally	<u>Smith</u>	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change	CEO	Fario Oxllal	Boca Retur F.C. 33431
Add			Boca Reton F.C. 33431
Remove			
2) Change	Director	Joseph Toro	Boa Reton Fic. 33431
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			· · · ·
Remove			JALI SEC
5) Change			AR FE
Add			SSEC 6 FT
Remove			Horas B
6) Change			6: 07 TATE ORIDA
Add			.
Remove			

If amending or adding additional Articles, (Attach additional sheets, if necessary). (Be	enter change(s) here: c specific)
NO	
· · · · · · · · · · · · · · · · · · ·	
provisions for implementing the amendme	, reclassification, or cancellation of issued shares, ent if not contained in the amendment itself:
(if not applicable, indicate N/A)	
No	
	_
	**

	7 Julia	
The date of each amendment(s) adoptio	a: <u> </u>	, if other than the
date this document was signed.	v 1 .	
Effective date if applicable:	2/4/14	
Ellective date il applicable.	(no more than 90 days after amendment file date)	
	(CHIPON AND	
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were adopted by the shareholders was/were sufficient	by the shareholders. The number of votes cast for the amendment(s) at for approval.	
	by the shareholders through voting groups. The following statement voting group entitled to vote separately on the amendment(s):	
"The number of votes cast for the	e amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
☐ The amendment(s) was/were adopted be action was not required.	by the board of directors without shareholder action and shareholder	
action was not required.	by the incorporators without shareholder action and shareholder	
Dated	13/14	
Signature	en	
	r, president or other officer - if directors or officers have not been	
	an incorporator – if in the hands of a receiver, trustee, or other court luciary by that fiduciary)	
	(Typed or printed name of person signing)	
	(Typed or printed name of person signing)	
	Drector,	
	(Title of person signing)	

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