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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: FUNDMYHOME.	ORG CORPORATION		
DOCUMENT NUM	BER: P17000085231			
	of Amendment and fee are su	bmitted for filing.		
Please return all corre	spondence concerning this mat	tter to the following:		
	CARLOS O. BURATTINI			
		Name of Contact Persor	1	
	FUNDMYHOME.ORG COR	RPORATION		
		Firm/ Company		
	PO BOX 970236	Time Company		
		Address		
	BOCA RATON, FL 33497			
	City/ State and Zip Code			
CAD	I ACDUB ATTINIABBATA	NAM COM		रुके हैं
CAR	LOSBURATTINI@PROTON			-
	it-mail address; (to be us	sed for future annual report	notification)	
For further information	on concerning this matter, pleas	e call:		:2 ?}
CARLOS O. BURA	ITINI	561	305-9002	18 JUL -2 ASIO: 14
Name	of Contact Person	at (561 305-9002 Contact Person Area Code & Daytime Telephone Number		· -
Enclosed is a check for	or the following amount made p	payable to the Florida Depa	artment of State:	
□ \$35 Filing Fee	S43.75 Filing Fee & Certificate of Status	□S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	
Am Div P.O	iling Address endment Section dision of Corporations Box 6327 lahassee, FL 32314	Amend Divisio Clifton	Address Iment Section on of Corporations Building Executive Center Circle	

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

FUNDMYHOME.ORG CORPORATION

(Name of Carronation o	or averantly filed with the Flavide Dant of State)
·	as currently filed with the Florida Dept. of State)
P17000085231	
(Document	Number of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statits Articles of Incorporation:	atutes, this Florida Profit Corporation adopts the following amendment(s)
A. If amending name, enter the new name of the corpo	pration:
	The new
	corporation," "company," or "incorporated" or the abbreviation Inc," or "Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRE</u> .	<u>'SS'</u>)
	\$200
C. Enter new mailing address, if applicable:	1. (1.2) 2. (1.2) 2. (1.2) 2. (1.2) 3. (1.2)
(Mailing address MAY BE A POST OFFICE BOX)	
D. If amending the registered agent and/or registered of	office address in Florida, enter the name of the
new registered agent and/or the new registered office	<u>ce address:</u>
Name of New Registered Agent	.
	(Florida street address)
New Registered Office Address:	, Florida
	(City) (Zip Code)
New Registered Agent's Signature, if changing Register I hereby accept the appointment as registered agent. I am	red Agent: n familiar with and accept the obligations of the position.
Signatur	re 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)

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.

X Change	<u>PT</u>	John Doc	
X Remove	$\underline{\mathbf{V}}$	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change		-	
Add			
Remove			
2) Change			
Add			
Remove		,	<u> </u>
3) Change			
Add			
Remove			
4) Change		_	
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

	(Be specific)
<u> </u>	
	
	
 	
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	nange, reclassification, or cancellation of issued shares, and and and an analysis and analysis and an analysi
provisions for implementing the amer	
(if not applicable, indicate N/A)	Y 100% OWNER OF FUNDMYHOME.ORG CORPORATION
(if not applicable, indicate N/A)	Y 100% OWNER OF FUNDMYHOME.ORG CORPORATION
(if not applicable, indicate N/A)	Y 100% OWNER OF FUNDMYHOME.ORG CORPORATION
(if not applicable, indicate N/A)	Y 100% OWNER OF FUNDMYHOME.ORG CORPORATION
(if not applicable, indicate N/A)	Y 100% OWNER OF FUNDMYHOME.ORG CORPORATION

date this document was signed.	doption:	, if other than
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this t document's effective date on the De	plock does not meet the applicable statutory filing requirements, this department of State's records.	ate will not be listed as t
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
☐ The amendment(s) was/were add by the shareholders was/were su	opted by the shareholders. The number of votes cast for the amendment officient for approval.	(s)
	proved by the shareholders through voting groups. The following statem each voting group entitled to vote separately on the amendment(s):	neni
"The number of votes cast	for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
☐ The amendment(s) was/were add action was not required.	opted by the board of directors without shareholder action and sharehold	ler
The amendment(s) was/were add action was not required.	opted by the incorporators without shareholder action and shareholder	
JUNE 291	H 2018	
DatedSignature	280.70d	
(By a c	irector, president or other officer – if directors or officers have not been	
	 d, by an incorporator – if in the hands of a receiver, trustee, or other couted fiduciary by that fiduciary) 	IFL
	CARLOS O. BURATTINI	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	