## N03000009892

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## **COVER LETTER**

TO: Amendment Section
Division of Corporations

Organization for L NAME OF CORPORATION:	earning and Human De	evelopment, Inc	corporated
N03000009892 DOCUMENT NUMBER:			
The enclosed Articles of Amendment and fee are st	ubmitted for tiling.		
Please return all correspondence concerning this ma	atter to the following:		
Dr. Jacquelyn Bradway			
	(Name of Contact P	erson)	
Organization for Learning and Human Developmen	nt, Incorporated		
-	(Firm/ Compan	y)	_
Post Office Box 93472			
·	(Address)		
Lakeland, Fl 33804			
	(City/ State and Zip	Code)	
OLHD2003@gmail.com			
E-mail address: (to be us	sed for future annual re	port notification	1)
For further information concerning this matter, plea	ase call:		
Dr. Jacquelyn Bradway	at	863	853-5249
(Name of Contact Pers		(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		Certifi is Certifi (Addi	icate of Status ied Copy tional Copy is
Mailing Address Amendment Section		reet Address mendment Secti	ion _

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## Articles of Amendment to Articles of Incorporation of

ORGANIZATION FOR LEARNING AND HUMAN DEVELOPMENT, INCORPORATED

(Name of Corporation as currently filed with the Flo	orida Dept. of State)		
N03000009892			
(Document	Number of Corporation (if	known)	
Pursuant to the provisions of section 617.1006, Florida amendment(s) to its Articles of Incorporation:	Statutes, this <i>Florida Not I</i>	For Profit Corporation adopts the	: following
A. If amending name, enter the new name of the cor	poration:		
N/A			_The new
name must be distinguishable and contain the word "co "Company" or "Co." may not be used in the name.	rporation" or "incorporat	ed" or the abbreviation "Corp."	or "Inc."
B. Enter new principal office address, if applicable:	N/A		
(Principal office address <u>MUST BE A STREET ADDI</u>	RESS) N/A		
	N/A		_
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX	0 N/A		
	N/A		
	N/A		·~ )
D. If amending the registered agent and/or registere new registered agent and/or the new registered o		a, enter the name of the	5
new registered agent and/or the new registered o			ز.)
Name of New Registered Agent:			
<u>N/A</u>		***	<u></u>
New Registered Office Address:	(	Florida streat address)	<u>ت</u> .
N/A	<b>A</b>		
	(City)	(Zip Code)	
New Registered Agent's Signature, if changing Regis I hereby accept the appointment as registered agent. I		ot the obligations of the position.	
	Signature of New Regi	stered 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.

Example:  X Change X Remove X Add	PT         John Do           V         Mike Jo           SV         Sally Sr	ones	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change Add	CEO	Hollard Hodges	381 Saint Hebron Road Ouiney, Fl 32351
Remove			
2) Change Add	<u>D</u>	Fabian Bakari	4861 Trevino Circle Duluth, Ga. 30096
Remove	D	Shellita Boxie	7728 Claracona - Ococe Road Claracona, Fl 32710
4) Change Add	<u>ST</u>	Jacquelyn Bradwav	PO Box 93472 Lakeland, Fl 33804
Remove			
5) Change Add	BRDM	Richard Alan	381 Saint Hebron Road Quincy, Fl 32351
X Remove			
6) Change Add			
Remove			
(attach additional shee	ets, if necessary),		
N/A			<u> </u>
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	September 12, 2020	
The date of each amendment	(s) adoption: September 12, 2020	, if other than the
date this document was signed		
Effective date if applicable:	September 12, 2020	
	(no more than 90 days after amendment fil	e date)
Note: If the date inserted in the document's effective date on the	is block does not meet the applicable statutory filing rene Department of State's records.	equirements, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	

The amendment(s) was/were adopted by the members and the number of votes east for the amendment(s) was/were sufficient for approval.

adoļ	oted by the board of directors.
	September 15, 2020 Dated
	Signature Coming Consider
	(By the chairman or vice chairman of the board, president or other officer-if director have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)
	Connie P. Smith
	(Typed or printed name of person signing)