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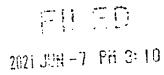
TO: Amendment Section Division of Corporations

NAME OF CORPORAT	The Alliance for GI	BTQ Youth, Inc		
DOCUMENT NUMBER	N08000005631			
The enclosed Articles of A	mendment and fee are sub	mitted for filing.		
Please return all correspond	dence concerning this mate	ter to the following:		
Pauline Green				
		(Name of Contact Pe	erson)	
The Alliance for GLBTQ	routh			
		(Firm/ Company	·)	
1175 NE 125th Street Suite	: 103			
		(Address)		
North Miami FL 33161				
· · · · · · · · · · · · · · · · · · ·		(City/ State and Zip	Code)	
pgreen@glbtqalliance.org				
	E-mail address: (to be used	for future annual rep	ort notification	n)
For further information con	cerning this matter, please	call:		
Pauline Green		at	786	300-8979
	(Name of Contact Person			(Daytime Telephone Number)
Enclosed is a check for the	following amount made pa	yable to the Florida I	Department of	State:
S35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee of Certified Copy (Additional copy is enclosed)	Certifi Certifi	Filing Fee icate of Status led Copy lional Copy is sed)
	Address ent Section		eet Address lendment Secti	on _

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



The Alliance for GLBTQ Youth, Inc.

(Name of Corporation as currently filed with the F	Horida Dept. of State)	
N08000005631	,	
(Documer	nt Number of Corporation (if ki	nown)
Pursuant to the provisions of section 617,1006, Florid amendment(s) to its Articles of Incorporation:	la Statutes, this <i>Florida Not Fo</i>	r Profit Corporation adopts the following
A. If amending name, enter the new name of the co	orporation:	
The Alliance for LGBTQ Youth Inc.		The new
name must be distinguishable and contain the word "c "Company" or "Co." may not be used in the name.	corporation" or "incorporated	
B. <u>Enter new principal office address, if applicable</u> (Principal office address <u>MUST BE A STREET ADI</u>		
C. Enter new mailing address, if applicable: (Mailing address <u>MAY BE A POST OFFICE BO</u>	<u>-</u>	
D. If amending the registered agent and/or register new registered agent and/or the new registered agent: Name of New Registered Agent:	red office <u>address in Florida,</u> office address;	enter the name of the
		
New Registered Office Address:	(Flo	rida street address)
		, Florida
	(City)	, Florida (Zip Code)
New Registered Agent's Signature, if changing Regi Thereby accept the appointment as registered agent.	istered Agent: I am familiar with and accept to	he obligations of the position.
	Signature of New Register	red 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: XChange X Remove X Add	<u>PT</u> <u>V</u> <u>SV</u>	John Doe Mike Jones Sally Smith		
Type of Action (Check One)	Title	Name	<u>Addres</u> s	
1) Change Add				
Remove				
2) Change Add				
Remove Change Add Remove				
4) Change Add				
Remove				
5) Change Add				
Remove				
6) Change Add				
Remove				
E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific)				
ARTICLE III		. <u>.</u> .		
The Alliance for Lesbian,	Gav, Bis	exual, Transgender, and Questioning (LGBTQ) Yo	outh provides mental health	
and care coordination serv	ices, lead	dership development, and policy advocacy that cen-	ters the lives and experiences of	
LGBTQ vouth in South Fl	orida. We	e serve, nurture, and empower LGBTQ youth, their	r families, and their communities	
while advocating for the e	qual right	ts and equitable treatment of young people in affire	nation of their sexual orientation,	

gender identity, and gender expres	sion.	
		
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<u> </u>		
		
		.
		
The date of each amendment(s) aclate this document was signed.	doption: May 12, 2021	, if other than the
Effective date <u>if applicable</u> :		
meetive date in appricative.	(no more than 90 days after amendment file date)	
Note: If the date inserted in this blo locument's effective date on the De	ock does not meet the applicable statutory filing requirements, this date will no partment of State's records.	t be listed as the
doption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were ac was/were sufficient for approva	dopted by the members and the number of votes east for the amendment(s)	

There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors.
May 17, 2021 Dated
Signature Parula D. Hall, Ph.D.
(By the chairman or vice chairman of the board, president or other officer-if directors have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)
Pamela D. Hall, PhD
(Typed or printed name of person signing)
President
(Title of person signing)