## N14000004439

٧		
(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	
<b>(</b> )-	,	
(0)	V (C) ( T) (D)	10
(Cil	ty/State/Zip/Phone	: #)
PICK-UP	☐ WAIT	MAIL
(Bu	ısiness Entity Nam	ne)
(Dc	ocument Number)	
<b>(</b>	,	
Cartified Carrier	Cartificates	af Chabus
Certified Copies	_ Centricates	or Status
Special Instructions to	Filing Officer:	

Office Use Only



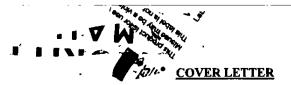
000271441950

04/07/15--01030--018 \*\*52.50

DIVISION OF CORPORATION

1210/15 H10/15





TO: Amendment Section **Division of Corporations** 

NAME OF CORPORATION: <u>Queence</u>	hiku Ngozi Ar	+ Gallery, Inc.
·	J	/ .
DOCUMENT NUMBER: ///4000	0004429	
The enclosed Articles of Amendment and fee are su	bmitted for filing.	
Please return all correspondence concerning this man	tter to the following:	
<u>Qu</u>	(Name of Contact Person)	2021
,	(Name of Contact Person)	
Queenchi Ku Ngozi H	rt Gallery, 1	nc.
V	(Firm/ Company)	
P.O. Bo	0 X 410932 (Address)	
	(Address)	
Gaines	Ville, FL. 326 (City/State and Zin Code)	14-0932
	(City/ State and Zip Code)	. <del>.</del>
Queenchiku	2 Va hoo. Comp ed for future annual report notif	
E-mail address: (to be use	ed for future annual report notif	ication)
For further information concerning this matter, pleas	se call:	·
Queenchiky Ngozi (Name of Contact Person)	at( <u>352</u> )	214-9884 & Daytime Telephone Number)
(Name of Contact Person)	(Area Code &	& Daytime Telephone Number)
Enclosed is a check for the following amount made	payable to the Florida Departme	ent of State:
\$35 Filing Fee & Certificate of Status	Certified Copy	\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is Enclosed)
Mailing Address	Street Add	ress

Amendment Section **Division of Corporations** P.O. Box 6327 Tallahassee, FL 32314

Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

15 APR -7 AMII: 39

(Name of Corporation as currently filed with the Florida De	Gallery, Inc.	·
(Name of Corporation as currently filed with the Florida De	pt. of State)	
N1400004429 (Document Number of Corporation		
(Document Number of Corporation	n (if known)	
ursuant to the provisions of section 617.1006, Florida Statutes, this Inendment(s) to its Articles of Incorporation:	lorida Not For Profit Corpo	ration adopts the following
If amending name, enter the new name of the corporation:		
M/A  me must be distinguishable and contain the word "corporation" or		The new
me must be distinguishable and contain the word "corporation" or	"incorporated" or the abbre	eviation "Corp." or "Inc."
Company" or "Co," may not be used in the name.	/	
Enter new principal office address, if applicable:	N/A/	
rincipal office address <u>MUST BE A STREET ADDRESS</u> )		
		<u></u>
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	n/a	
	···· ··· ··· ··· · · · · · · · · · · ·	<del></del>
If amending the registered agent and/or registered office address: new registered agent and/or the new registered office address:	ss in Florida, enter the nan	ne of the
new registered agent and/or the new registered office address:		
Name of New Registered Agent:		
,		
,	treet address)	
New Registered Office Address:		
	. Florida	
(City)	, Florida	(Zip Code)
Designated Agentia Company of the print Designation Agents		
ew Registered Agent's Signature, if changing Registered Agent: nereby accept the appointment as registered agent. I am familiar w	th and accept the obligation.	s of the position.
	•	· ·
	ed Agent, if changing	

Page 1 of 4

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	<u>V Mil</u>	n <u>Doe</u> ce <u>Jones</u> ly <u>Smith</u>	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	· · · · · · · · · · · · · · · · · · ·	N/A	
Add			
Remove			
2) Change			Verrylander
Add			
Remove			
3 ) Change			
Add			
Remove			
4) Change			
Add			
Remove	,		
5) Change	/		
Add			
Remove			
6) Change			
Add			
Remove	I		

E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific)
please change and add the following information to Article III:
ARTICLE III-a:
The specific purpose for which this corporation is organized is:
The purpose for corporation is organized is exclusively religious,
charitable, scientific, literary and educational 1986 & operate
as not-for-profit IRS Laws.
ARTICLE III-b:
Upon the dissolution of the organization, assets shall be distributed for
one or more exempt purposes within the meaning of Section 501(c)(3) of the Internal
Revenue Code, or corresponding section of any future federal tax code,
or shall be distributed to the federal government, or to a state or local
government, for a public purpose. Any such assets not disposed of shall be disposed
of by a court of competent jurisdiction in the county in which the principal
office of the organization is then located, exclusively for such purposes or to such
organization or organizations, as said Court shall determine which are
organized and operated exclusively for such purposes.

	e date of each amendment(s) adoption: 03/22/2015  E HILL OF SIGNIFICATIONS  SECRETARY OF CORPORATIONS  ON ISLAND OF CORPORATIONS
Effe	ective date if applicable: 03/22/2015 (no more than 90 days after amendment file date) 15 APR 7 AM 11: 39
Ada	option of Amendment(s) ( <u>CHECK ONE</u> )
Ø	The amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s) was/were sufficient for approval.
	There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors.
	Dated 03/22/2015
	Signature
	(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)
	Queenchiku Ngozi DT  (Typed or printed name of person signing)
	Executive Director/President
	(Title of person signing)