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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: Eastern	Point Trust, Inc.	
DOCUMENT NUMBER: N1500000	02309	
The enclosed Articles of Amendment and	fee are submitted for filing.	
Please return all correspondence concerni	ing this matter to the following	g:
	Samuel Ko	tt
	(Name of Conta	et Person)
	Eastern Point	Trust, Inc.
	(Firm/ Com	pany)
	% Eastern Point Ser	vices, P.O. Box 3053
	(Addres	s)
	Warrenton, V	A 20188
	(City/ State and	
	samkott@easternp	pointservices.com
E-mail address	: (to be used for future annua	report notification)
For further information concerning this m	atter, please call:	
Samuel Kott		at (540) 347-4470 (ex. 217)
(Name of Cor	ntact Person)	(Area Code) (Daytime Telephone Number)
Enclosed is a check for the following amo	ount made payable to the Flor	ida Department of State:
□ \$35 Filing Fee □\$43.75 Fil Certificate	ing Fee & S43.75 Filing e of Status Certified Copy (Additional co enclosed)	Certificate of Status
Mailing Address Amendment Section		Street Address Amendment Section

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 Articles of Incorporation of

Eastern Point Trust, Inc.

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Eastern Point Trust, Inc.		SECRETARY OF SI	
Name of Corporation as currently filed with the Florida Dept. of State)		SECRETARY OF SIX TALLAHASSEE, FL. 1	
N15000002309			
(Docu	ment Nun	nber of Corporation (if kr	own)
Pursuant to the provisions of section 617.1006, Flamendment(s) to its Articles of Incorporation:	orida Statı	utes, this <i>Florida Not Fo</i>	Profit Corporation adopts the following
A. If amending name, enter the new name of the	<u> corpor</u>	ation:	
Financial Literacy Union, Inc.			The new
name must be distinguishable and contain the wor "Company" or "Co." may not be used in the nan		ration" or "incorporated	" or the abbreviation "Corp." or "Inc."
B. Enter new principal office address, if applic (Principal office address MUST BE A STREET)	able:	N/A	
Trincipal office address MOST BL A STREET	<u> ADDRES.</u>	<u>. </u>	
C. Enter new mailing address, if applicable: (Mailing address <u>MAY BE A POST OFFICE</u>	<u>' BOX</u>)	N/A	
D. If amending the registered agent and/or reg			enter the name of the
new registered agent and/or the new registe		address:	
Name of New Registered Agent:	N/A		<u> </u>
	N/A		
New Registered Office Address:		(Flo	rida street address)
	N/A		N/A
		(City)	, Florida N/A (Zip Code)
lew Registered Agent's Signature, if changing hereby accept the appointment as registered agen	Registere nt. Lam f	d Agent:	
	N/A		
-		Signature of New Registe	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: X Change X Remove X Add	PT John Do V Mike Jo SV Sally Si	ones			
Type of Action (Check One)	Title	<u>Name</u>	Address		
1) N/A Change Add					
Remove					
2) N/A Change Add					
3) N/A Remove Change Add Remove					
4) N/A Change Add					
Remove					
5) N/A Change Add		·			
Remove					
6) N/A Change Add					
Remove					
E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific)					
N/A					

	· · · · · · · · · · · · · · · · · · ·	
		-
		
		
The date of each amendment(s date this document was signed.) adoption: N/A	, if other than the
recoving the icompany	Date this document was signed	
Effective date <u>if applicable</u> : L	(no more than 90 days after amendment file date)	
Note: If the date inserted in this document's effective date on the	block does not meet the applicable statutory filing requirements, this date will n	ot be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/wer was/were sufficient for appr	re adopted by the members and the number of votes cast for the amendment(s) royal.	

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)

Whitson Robinson

(Typed or printed name of person signing)

Director

(Title of person signing)

There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were

adopted by the board of directors.