N2000009193

| (Requestor's Name) |
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| PICK-UP WAIT MAIL |
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| (Business Entity Name) |
| (Carrier Line) |
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| Cartified Coolean Cartification of Status |
| Certified Copies Certificates of Status |
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| Special Instructions to Filing Officer: |
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Office Use Only



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COVER LETTER

TO: Amendment Section Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

Section 1985

| NAME OF CORPORATION: Respect Life | e Foundation Inc | | |
|--|---|---------------------------------|--|
| N20000009193 | | | |
| The enclosed Articles of Amendment and fe | e are submitted for filin | g. | |
| Please return all correspondence concerning | this matter to the follow | ring: | |
| Barbara Tyson | | | |
| | (Name of Cor | itact Person) | |
| Black Business Pensacola Inc | | | |
| | (Firm/ Co | mpany) | |
| 2400 W Michigan Ave Ste 5 | | | |
| | (Addı | ress) | |
| Pensacola, FL 32526 | | | |
| | (City/ State ar | d Zip Code) | |
| blackbusinesscenterorg@gmail.com | | | |
| E-mail address: (t | o be used for future ann | ual report notificat | ion) |
| For further information concerning this matter | er, please call: | | |
| Barbara Tyson | | 850 | 9776611 |
| (Name of Conta | ct Person) | at (Area Code |) (Daytime Telephone Number) |
| Enclosed is a check for the following amoun | t made payable to the Fl | orida Department (| of State: |
| ■ \$35 Filing Fee □\$43.75 Filing Certificate of | Fee & S43.75 Filin Status Certified Co (Additional enclosed) | ppy Cert copy is Cert (Ad | .50 Filing Fee cificate of Status cified Copy ditional Copy is closed) |
| Mailing Address Amendment Section | | Street Address Amendment Se | |
| Division of Corporations | | Division of Cor | |

Division of Corporations
The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

Articles of Amendment Articles of Incorporation of

| (Name of Corporation as currently filed with the Florida | (Dept. of State) | |
|--|--|---|
| N20000009193 | | |
| (Document Nun | nber of Corporation (if known) | |
| Pursuant to the provisions of section 617.1006, Florida State amendment(s) to its Articles of Incorporation: | utes, this <i>Florida Not For Profit</i> (| Corporation adopts the following |
| A. If amending name, enter the new name of the corpor | ation: | |
| Black Business Center Inc | | The new |
| name must be distinguishable and contain the word "corporation" or "Co." may not be used in the name. | ration" or "incorporated" or the | |
| B. Enter new principal office address, if applicable: | 2400 W Michigan Ave Ste 5 | |
| (Principal office address MUST BE A STREET ADDRES | Pensacola, Fl. 32526 | |
| | | 2: |
| | - | |
| C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) | 2400 W Michigan Ave Ste 5 | \$6 ° \$ \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\ |
| | Pensacola, FL 32526 | |
| | | |
| | **** | |
| D. If amending the registered agent and/or registered of | | |
| new registered agent and/or the new registered office | address: | |
| Name of New Registered Agent: | | |
| | | |
| New Registered Office Address: | (Florida street | address) |
| | | Florida |
| | (City) | (Zip Code) |

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</u> | <u>John Doe</u> Mike Jones Sally Smith | |
|--|--------------|--|-----------------|
| Type of Action (Check One) | <u>Title</u> | <u>Name</u> | <u>Addres</u> s |
| i) Change Add | | | |
| Remove | | | |
| 2) Change Add | | | |
| Remove 3) Remove — Add — Remove | | | |
| 4) Change Add | | | - |
| Remove | | | |
| 5) Change Add | | | |
| Remove | | | |
| 6) Change Add | | | |
| Remove | | | |
| E. If amending or addin (attach additional shee | | nal Articles, enter change(s) here: sary). (Be specific) | |
| Mission Statement: To cre | eate and su | stain a vibrant, equitable, and prosperous black | business |
| community by providing | resources, | access to capital, and technical assistance. | |
| | | | |
| Vision Statement: To be a | leading p | rovider of resources and support for black busin | esses |

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| The date of each amendment(s) adoption | June 19, 2022 | 10 |
| date this decrement was singed | | , if other than the |
| date this document was signed. | | |
| June 19, 2 | (1)22 | |
| Effective date <u>if applicable</u> : | | |
| | (no more than 90 days after amendment file date) | _ |
| Note: If the date inserted in this block do document's effective date on the Departm | bes not meet the applicable statutory filing requirements, this date will not be | e listed as the |
| Adoption of Amendment(s) | (<u>CHECK ONE</u>) | |
| | | |
| The amendment(s) was/were adopted was/were sufficient for approval. | d by the members and the number of votes cast for the amendment(s) | |

| There are no members or members entitled to vote of adopted by the board of directors. | on the amendment(s). The amendment(s) was/were |
|--|--|
| March 19, 2023 | |
| Dated | - |
| Signature Hallon hy | 2 |
| (By the chairman or vice chairman | of the board, president or other officer-if directors |
| have not been selected, by an inc other court appointed fiduciary b | orporator – if in the hands of a receiver, trustee, or y that fiduciary) |
| Barbara Tyson | |
| —————————————————————————————————————— | d or printed name of person signing) |

Director