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SECKE ISKY OF STATE TALLAHASSEE, FI

COVER LETTER

TO: Amendment Section **Division of Corporations** NAME OF CORPORATION: DOCUMENT NUMBER: _ The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: 2190 ffe chaamal, com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: (Name of Contact Person) at $\frac{904}{\text{Area Code}}$ (Daytime Telephone Number) Enclosed is a check for the following amount made payable to the Florida Department of State: ☑\$52.50 Filing Fee □ \$35 Filing Fee □\$43.75 Filing Fee & □\$43.75 Filing Fee & Certificate of Status Certificate of Status Certified Copy (Additional copy is Certified Copy

enclosed)

Mailing Address

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

Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

Enclosed)

(Additional Copy is

Articles of Amendment to Articles of Incorporation

FILED

77. 2 219 121 (col	
Name of Corporation as currently filed with the Florida Dept. of S	2021 APR 13 AM 8: 02
	SERVETARY OF STATE
(Document Number of Corp	oration (if known) SECRETARY OF STATE TALLAHASSEE, FL
Pursuant to the provisions of section 617.1006, Florida Statutes, this Fh amendment(s) to its Articles of Incorporation:	orida Not For Profit Corporation adopts the following
A. If amending name, enter the new name of the corporation:	
NIA	The new
name must be distinguishable and contain the word "corporation" or " "Company" or "Co." may not be used in the name.	incorporated" or the abbreviation "Corp." or "Inc."
D. Estas was reinciral office address: if applicable.	NIA
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	70 1)
	
C. Post and the state of the state of	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
	:
 If amending the registered agent and/or registered office address new registered agent and/or the new registered office address; 	in Florida, enter the name of the
new registered agent and/or the new registered onice address.	
Name of New Registered Agent:	
<u> </u>	
! New Registered Office Address:	(Florida street address)
<u> </u>	
(City)	, Florida (Zip Code)
(City)	(zip Couc)
New Registered Agent's Signature, if changing Registered Agent:	and an action obligations of the mutilian
hereby accept the appointment as registered agent. I am familiar with	ана ассери те отванот ој те ромион.
Signature of	New Registered Agent, if changing

and address of each O (Attach additional shee Please note the officer/ P = President; V = Vice	Officer and/or Dire ets, if necessary) director title by the e President; T= Tre) = Chief Financian	first letter of the office title: assurer; S= Secretary; D= Director; TR= Tru Officer. If an officer/director holds more the	ustee; C = Chairman or Clerk; CEO = Chief
	caves the corporati	on, Sally Smith is named the V and S. These s	PST and Mike Jones is listed as the V. There is should be noted as John Doe, PT as a Change,
Example: X Change X Remove X Add	PT John I. V Mike . SV Sally S	<u>lones</u>	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change Add	<u>Mirector</u>	Amberly ling	Jacks: Nulle, FL 32201
Remove			
2) Change Add			
Remove 3) Remove			
4) Change Add			
Remove			
5) Change Add			
Remove			
6) Change Add			
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E. If amending or add		ticles, enter change(s) here: (Be specific)	
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Malanie		uch purposes, th	a making bi
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as exempt progrations desprised indice
section 501(c)(e) of the Internal Revenue
Code, or corresponding section of any
Future today of tax code.
PUCTUAL HILARA COCIL.
upon the dissolution of the organization
assets shall be distributed to rene or more
exempt purposes within the premine of
exempt purposes within the premise of section 501 (c) (3) of the Internal Revenue
(ode, or corresponding section of any Suture
federal federal for code, or shall be distribut
to the federal government, for a public
prispose,
The date of each amendment(s) adoption:
late this document was signed.
Effective date if applicable: 4 8/2621
ino môre than 90 days after amendment file date)

<u>Note:</u> If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Adoption of Amendment(s)

(CHECK ONE)

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

re no members or members entitled to vote on the amendment(s). The amendment(s) was/were I by the board of directors.
Dated
Signature 4
(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)
Phintily King
(Typed of printed name of person signing)
Translated Decrit
(Title of person signing)