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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	ORATION: Tri Gounty Alli	ance of Black School	Educators, Inc
DOCUMENT NUM	ивек: <u>N50021</u>		
The enclosed Article	es of Amendment and fee are sub	mitted for filing.	
Please return all corr	respondence concerning this matt	er to the following:	
		И. Eavins II	
	(Name of	Contact Person)	
	(Firm	/ Company)	
		Box 2468	· · · · · · · · · · · · · · · · · · ·
	(/	Address)	
 		lle, FL 32715 te and Zip Code)	
For further informat	royeav(E-mail address: (to be used to concerning this matter, please	@yahoo.com d for future annual report notifi	cation)
Roy M. Eavins II			544 .
	e of Contact Person)	at (321) 274-76 (Area Code & Day	time Telephone Number)
Enclosed is a check	for the following amount made p	ayable to the Florida Departme	ent of State:
□\$35 Filing Fee	■ \$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐ \$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Ame Divi P.O.	ling Address endment Section sion of Corporations Box 6327 nhassee, FL 32314	Street Address Amendment Section Division of Corpora Clifton Building 2661 Executive Cen Tallahassee. FL 323	tions ter Circl e



April 29, 2010

I Roy M. Eavins II release the name J.A.M.S. Youth Foundation, Inc. Document number: N09000009254 to be used as of April 29, 2010. We have dissolved the stated corporation and We Will Not revoke this dissolution.

Sincerely, Roy M. Eavins II President/CEO J.A.M.S. Youth Foundation, Inc.

Articles of Amendment to Articles of Incorporation

FILED

Tri County Alliance of	Black Scho	ol Educators, Inc	2010 APR 30 P 2: 37
-	V50021		SECRETARY OF STATE TALLAHASSEE, FLORIDA
(Document Nun	nber of Corporati	ion (if known)	
Pursuant to the provisions of section 617.1006, the following amendment(s) to its Articles of In		, this <i>Florida Not For Pro</i>	fit Corporation adopts
A. If amending name, enter the new name of	f the corporatio	<u>n:</u>	
J.A.M.S. Y	outh Foundati	ion, Inc.	
The new name must be distinguishable and coabbreviation "Corp." or "Inc." "Company" o			porated" or the
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>)		657 Jamestown Blvd	I. #2100
		Altamonte Springs,	FL 32714
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		PO Box 2468	
		Eatonville, FL 32751	
D. If amending the registered agent and/or a new registered agent and/or the new registered.			r the name of the
Name of New Registered Agent:		M. Eavins II	
	657 Jame	stown Blvd. #2100	
New Registered Office Address:	(Flori	ida street address)	
	Altam	nonte Springs	, Florida 32714
		(City)	(Zip Code)
New Registered Agent's Signature, if changing I hereby accept the appointment as registered position.			the obligations of the
— <u> </u>	Signature of New	Registered Agent, if chan	ging

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)

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
Pres	Roy M. Eavins II	657 Jamestown Blvd. #2100	☑ Add
		Altamonte Springs, FL 32714	Remove
			-
VPres	Bryan W. Fulford	657 Jamestown Blvd. #2100	☑ Add
		Altamonte Springs, FL 32714	Remove
			-
BOD	Chad McKendrick	323 E. Kennedy Blvd Ste. B	☑ Add
		Eatonville, FL 32751	Remove
E. If amendin	g or adding additional Articles, enter o	change(s) here:	
	tional sheets, if necessary). (Be specifi		
Article 5 - R	emoval of old Officers and Directo	rs See Attachments	
-			
			······································
M-100 000 000 000 000 000 000 000 000 000			
 			
		· · · · · · · · · · · · · · · · · · ·	

Officers and Directors Removed from: Tri County Alliance of Black School Educators/J.A.M.S. Youth Foundation

Title P MCDANIEL, PERCY 365 E. MAINE AVENUE LONGWOOD FL 32750-5475

Title VP SIMPSON, DESIREE 231 VISTA OAK DRIVE LONGWOOD FL 32779

Title S WATTS, ANTOINETTE ASST POST OFFICE BOX 593328 ORLANDO FL 32759

Title S EVANS, ROBERT T ASST 506 VEREEN DR. EATONVILLE FL 32751

Title D BELLINGER, ELIZABETH POST OFFICE BOX 273 CLARCONA FL 32710

Title D GREY, ORIN 2651 SILVER HILLS DRIVE ORLANDO FL 32818

The date of each amendmen	t(s) adoption: April 1st 2010
Effective date <u>if applicable</u> :	(date of adoption is required)
	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/we was/were sufficient for app	ere adopted by the members and the number of votes cast for the amendment(s) proval.
There are no members or adopted by the board of di	members entitled to vote on the amendment(s). The amendment(s) was/were rectors.
Dated/ Signature	12-2010 Go7. E
hav	y the chairman or vice chairman of the board, president or other officer-if directors we not been selected, by an incorporator – if in the hands of a receiver, trustee, other court appointed fiduciary by that fiduciary)
	Robert Evans
	(Typed or printed name of person signing)
	President
	(Title of person signing)