

N50021

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

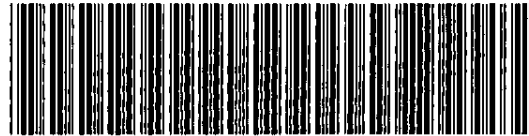
(Business Entity Name)

(Document Number)

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10 DEC 13 AM 11:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Roberts DEC 14 2010

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: J.A.M.S. Youth Foundation, Inc.

DOCUMENT NUMBER: N50021

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Robert EVANS

(Name of Contact Person)

Tri County Alliance of Black

(Firm/ Company)

School Educators, Inc

Po Box 941232

(Address)

Maitland FL 32794

(City/ State and Zip Code)

bob_e_007@netzero.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Robert EVANS

(Name of Contact Person)

at (407) 624 2910

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount made payable to the Florida Department of State:

\$35 Filing Fee

\$43.75 Filing Fee &
Certificate of Status

\$43.75 Filing Fee &
Certified Copy
(Additional copy is
enclosed)

\$52.50 Filing Fee
Certificate of Status
Certified Copy
(Additional Copy
is enclosed)

Mailing Address

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

Street Address

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

Articles of Amendment
to
Articles of Incorporation
of

J.A.M.S. Youth Foundation, Inc.

(Name of Corporation as currently filed with the Florida Dept. of State)

N50021

(Document Number of Corporation (if known))

FILED

10 DEC 13 AM 11:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Pursuant to the provisions of section 617.1006, Florida Statutes, this *Florida Not For Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

A. If amending name, enter the new name of the corporation:

Tri County Alliance of Black School Educators, Inc.

The new name must be distinguishable and contain the word "corporation" or "incorporated" or the abbreviation "Corp." or "Inc." "Company" or "Co." may not be used in the name.

B. Enter new principal office address, if applicable:

*(Principal office address **MUST BE A STREET ADDRESS**)*

506 Vereen Drive
Eatonville FL 32751

C. Enter new mailing address, if applicable:

*(Mailing address **MAY BE A POST OFFICE BOX**)*

P.O. Box 941232
Maitland FL 32794

D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:

Name of New Registered Agent:

ROBERT T EVANS

New Registered Office Address:

506 Vereen Drive

(Florida street address)

Eatonville

(City)

Florida 32751

(Zip Code)

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.



Signature of New Registered 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)

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
<u>Pres</u>	<u>Roy M. Eavins II</u>	<u>657 Jamestown Blvd. #2100</u> <u>Altamonte Springs, FL 32714</u>	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
<u>VPres</u>	<u>Bryan W. Fulford</u>	<u>657 Jamestown Blvd. #2100</u> <u>Altamonte Springs, FL 32714</u>	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
<u>BOD</u>	<u>Chad McKendrick</u>	<u>323 E. Kennedy Blvd. Ste. B</u> <u>Eatonville, FL 32751</u>	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove

E. If amending or adding additional Articles, enter change(s) here:

(attach additional sheets, if necessary). (Be specific)

see list below with names
of officers and directors.

Title: President
Name: MCDANIEL, PERCY
Address: 365 E. MAINE AVENUE
City-St-Zip: LONGWOOD, FL 327505475

Title: VP Vice President
Name: SIMPSON, DESIREE
Address: 231 VISTA OAK DRIVE
City-St-Zip: LONGWOOD, FL 32779

Title: Secretary
Name: WATTS, ANTOINETTE ASST
Address: POST OFFICE BOX 593328
City-St-Zip: ORLANDO, FL 32759

Title: Secretary
Name: EVANS, ROBERT T ASST
Address: 506 VEREEN DR.
City-St-Zip: EATONVILLE, FL 32751

Title: D Director
Name: BELLINGER, ELIZABETH
Address: POST OFFICE BOX 273
City-St-Zip: CLARCONA, FL 32710

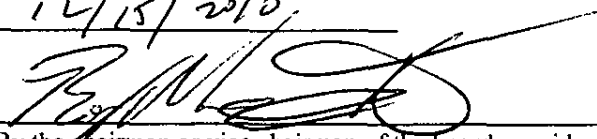
Title: D Director
Name: GREY, ORIN
Address: 2651 SILVER HILLS DRIVE
City-St-Zip: ORLANDO, FL 32818

The date of each amendment(s) adoption: 12/15/2010
(date of adoption is required)

Effective date if applicable: _____
(no more than 90 days after amendment file date)

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.
- 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 12/15/2010
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)

Roy M. Eavins II
(Typed or printed name of person signing)

President
(Title of person signing)