N96000000553

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COVER LETTER

TO: Amendment Section Division of Corporations

Carrington Conglom	nerate Inc		
N96000000553 DOCUMENT NUMBER:			
The enclosed Articles of Amendment and fee are sub	mitted for filing.		
Please return all correspondence concerning this matt	er to the following:		
ALICIA CARRINGTON			
· · · · · · · · · · · · · · · · · · ·	(Name of Contact Pe	erson)	
MISSING PIECE FOUNDATION INC			
	(Firm/ Company	')	
7520 SW 137TH STREET			
	(Address)	<u> </u>	
PALMETTO BAY FLORIDA 33157			
	(City/ State and Zip	Code)	
OPUS500CONSULTING@AOL.COM			
E-mail address: (to be used	I for future annual rep	ort notification)
For further information concerning this matter, please	call:		
DELIA ROSA KENNEDY	at	786	556-1397
(Name of Contact Persor			(Daytime Telephone Number)
Enclosed is a check for the following amount made page	ayable to the Florida I	Department of S	State:
■ \$35 Filing Fee □\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee Certified Copy (Additional copy i enclosed)	Certifi s Certifi	cate of Status ed Copy ional Copy is
Mailing Address Amendment Section Division of Corporations	Ān	reet Address nendment Secti	

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

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

Articles of Amendment to Articles of Incorporation of

(Name of Corporation as curren	tly filed with the Florida Dept. of State	<u>:</u>)		
N96000000553				
(Document Numb	er of Corporation (if known)	·		
Pursuant to the provisions of section 617.1006, Florida Statute amendment(s) to its Articles of Incorporation:	rs, this Florida Not For Profit Corporati	on adopts the f	ollowing	
A. If amending name, enter the new name of the corporati	on:			
MISSING PIECE FOUNDATION INC			The new	
name must be distinguishable and contain the word "corporal "Company" or "Co." may not be used in the name.	ion" or "incorporated" or the abbrevia	tion "Corp." oi	r "Inc."	
B. Enter new principal office address, if applicable:	7520 SW 137TH STREET			
(Principal office address MUST BE A STREET ADDRESS	PALMETTO BAY FLORIDA 33157	<u> </u>	10	
		· · · · · · · · · · · · · · · · · · ·	Ž 7	
		: <u>.</u> - 1	\sim	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)			_ย (
(, ;		
		· · · · · · · · · · · · · · · · · · ·	>> ⊃	
				
D. If amending the registered agent and/or registered office		f the		
new registered agent and/or the new registered office a	ddress:			
Name of New Registered Agent:				
	/#! - I			
New Registered Office Address:	(Florida street address)			
	£l.	orida		
		Zip Code)		
New Registered Agent's Signature, if changing Registered I hereby accept the appointment as registered agent. I am fai		the position.		
Si	gnature of New Registered Agent, if cha	nging		

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>Doe</u> Jones Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
l) Change	P	ALICIA CARRINGTON	7520 SW 1371'H SREET
Add			PALMETTO BAY, FLA 33157
X Remove			
2) Change	FPCEO	ALICIA CARRINGTON	7520 SW 137TH STREET
XAdd			PALMETTO BAY FL 33157
Remove			
3) Change			-
Add			
Remove			
4) Change		<u></u>	<u> </u>
Add			20
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific)	
PURPOSE	
CULTIVATING SUCCESSFUL FUTURES FOR YOUNG ADULTS WITH AUTISM	
	19
	19: 4E 1
	<u> </u>
	28
	12.00

he date of each amendment(s) adoption:	2019	, if other than the
ate this document was signed.		
Effective date if applicable:		
	ore than 90 days after amendment file date)	
Note: If the date inserted in this block does not not not meant's effective date on the Department of S	neet the applicable statutory filing requirements, this date will restate's records.	not be listed as the
Adoption of Amendment(s) (CHE	(CK ONE)	
The amendment(s) was/were adopted by the was/were sufficient for approval.	members and the number of votes cast for the amendment(s)	
There are no members or members entitled t adopted by the board of directors.	to vote on the amendment(s). The amendment(s) was/were	
Dated		
Signature Hules	Caring to sope	
• •	chairman of the board, president or other officer-if directors by an incorporator - if in the hands of a receiver, trustee, or	
other court appointed fid	·	
ALICIA CARRINGT	ON	V -7
	(Typed or printed name of person signing)	~
		TO T
FPCEO		3: 2 2: 2
	(Title of person signing)	Ď