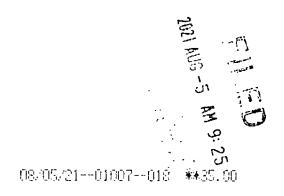
142925

(Requestor's Name)
(Address)
(Address)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Dusiness Entity Name)
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VISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

AUG 0 5 2021 I ALBRITTON

COVER LETTER

TO: Amendment Section Division of Corporations
NAME OF CORPORATION: CENTRAL FLORICA Orban League, INC
DOCUMENT NUMBER: 742925
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following: Contact Person Contact Person
(Firm/ Company)
2804 Belco Drive
ORlando FL 32808-3357 (City/ State and Zip Code)
E-mail address: (to be used for luture annual report notification)
For further information concerning this matter, please call:
Glevilon Gilzean at 407 841 7654 (Name of Contact Person) (Area Code) (Daytime Telephone Number)
Enclosed is a check for the following amount made payable to the Florida Department of State:
\$\ \text{\$\sum_{\text{S35}} \text{Filing Fee} & \sum_{\text{S43.75}} \text{Filing Fee} & \sum_{\text{S52.50}} \text{Filing Fee} & \sum_{\text{Certificate of Status}} \text{Certified Copy} & Ce
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327The Centre of Tallahassee

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

Articles of Amendment

to
Articles of Incorporation

Central Elocid	or Uchan	league	
(Name of Corporation as currently filed with the Florida D	ept. of State)	J	
74	17975		
(Document Number	er of Corporation (if k	nown)	
Pursuant to the provisions of section 617,1006, Florida Statute amendment(s) to its Articles of Incorporation:	s, this <i>Florida Not Fo</i>	or Profit Corporation adopts the f	ollowing
A. If amending name, enter the new name of the corporati	on:		
			The new
name must be distinguishable and contain the word "corporat "Company" or "Co." may not be used in the name.	ion" or "incorporated	d" or the abbreviation "Corp." or	· "Inc."
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>)			
		•	1335
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)			NG-5
			· =
D. If amending the registered agent and/or registered offic new registered agent and/or the new registered office ac		enter the name of the	(
Name of New Registered Agent:	<u> </u>		
	(F)	lorida street address)	
New Registered Office Address:		,	
		, Florida	
	(City)	(Zip Code)	
New Registered Agent's Signature, if changing Registered I hereby accept the appointment as registered agent. I am fan		the obligations of the position.	
Sig	gnature of New Regist	ered 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)

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	PT John D V Mike J SV Sally S	<u>ones</u>	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change Add	CMA_	Paula Hoising Ton	2804 Delco Nrive ORLando FL 32508-3357
Remove			
2) Change Add			
Remove 3)			
4) Change Add			
Remove			
5) Change Add			
Remove			
δ) Change Add	•		
Remove			
E. If amending or additional sheet	ng additional Art ets, if necessary).	icles, enter change(s) here: (Be specific)	

Λ
The date of each amendment(s) adoption: August 4, 2021 . if other than the date this document was signed.
Effective date if applicable:
Effective date if applicable: (no more than 90 days after amendment file date)
Note: 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.

There are no members or members entitled to vote on the amendment(v). The amendment(s) was/were adopted by the board of directors.
Dated August 4, 2021
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)
Clenion Gilzen Jr
(Typed or printed name of person signing)
President
(Title of person signing)