## L13000172561

| (Requestor's Name)   |            |
|--|------------|
| (Address)  | 3003555    |
| (City/State/Zip/Phone #)                                   |            |
| PICK-UP WAIT MAIL  | 11/25/200. |
| (Business Entity Name)                                     |            |
| (Document Number)  Certified Copies Certificates of Status |            |
| Special Instructions to Filing Officer:                    |            |
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## **COVER LETTER**

| Div            | ision of Cor   | porations                                       |   |   |
|----------------|----------------|---|---|---|
| CHOICCT.       |                | arship Foundation-FL, LLC                       |   |   |
| SUBJECT:       |                | Name of Lim                                     | ited Liability Company  |   |
|                |                |   |   |   |
| The enclosed   | d Articles of  | Amendment and fee(s) are sub                    | mitted for filing.  |   |
| Please return  | all correspon  | ndence concerning this matter                   | to the following:   |   |
|                |                | Kimberly Dyson                                  |   |   |
|                |                |   | Name of Person  | <del></del>   |
|                |                | AAA Scholarship Foundat                         | tion  |   |
|                |                |   | Firm/Company  |   |
|                |                | PO Box 15719                                    |   |   |
|                |                |   | Address   |   |
|                |                | Tampa, FL 33684                                 |   |   |
|                |                |   | City/State and Zip Code   |   |
|                |                | kim@aaascholarships.org                         |   |   |
|                |                | E-mail address: (                               | to be used for future annual report notifi                                | cation)   |
| For further in | nformation co  | oncerning this matter, please c                 | all:  |   |
| Kimberly D     | yson           |   | 888 707-2465  |   |
|                | Name of        | Person  | at () Area Code Daytime   | Telephone Number  |
| Enclosed is a  | a check for th | e following amount:                             |   |   |
| □ \$25.00 F    | Filing Fee     | ☐ \$30.00 Filing Fee &<br>Certificate of Status | ☐ \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | ■ \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(additional copy is enclosed) |
|                | nt             | _   | Stunet & diduner  |   |

Mailing Address:
Registration Section
Division of Corporations
P.O. Box 6327

TO:

Registration Section

Tallahassee, FL 32314

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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

وچ

| AAA SCHOLARSHIP FOUNDATIO  | N - FL, LLC   |                            |
|--|---|----------------------------|
| (Name of the Limited (A  | Liability Company as it now appears on our records.) Florida Limited Liability Company) | 2                          |
| The Articles of Organization for this Limited Liab Florida document number L13000172561  | ility Company were filed on 12/13/2013  | and assigned               |
| This amendment is submitted to amend the follow  | ing:  | , , , Q                    |
| A. If amending name, enter the new name of th  | e limited liability company here:   |                            |
| The new name must be distinguishable and contain the word  Enter new principal offices address, if applicable  (Principal office address MUST BE A STREET) | le:   | he abbreviation "L.L.C."   |
| Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BO  | <u></u>   |                            |
| B. If amending the registered agent and/or registered office address t   |   | name of the new registered |
| Name of New Registered Agent:  |   |                            |
| New Registered Office Address:   | Enter Florida street address  |                            |
|  | , Florida   |                            |
|  | City  | Zip Code                   |

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

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

| MGR =  | Manager    |        |
|--------|------------|--------|
| AMBR = | Authorized | Member |

| <u>Title</u>   | Name        | Address | Type of Action |
|----------------|-------------|---------|----------------|
|                |             |         |                |
|                |             |         | □Remove        |
|                |             |         | □Change        |
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| <del></del>    | <del></del> |         | □Add           |
|                |             |         | □Remove        |
|                |             |         | □ Change       |

| Subsection 1 of ARTICLE V                                      | I – PURPOSE is hereby amended a   | is ionows.   |
|--|---|--|
| 1. This company is organized                                   | exclusively for charitable and edu  | cational purposes within the meaning of  |
| Section 501 (c)(3) of the Inte                                 | rnal Revenue Code of 1986, as now   | enacted or hereafter amended,  |
| including, for such purposes:                                  |   |  |
| a. To promote relief of the po                                 | or, the distressed or the underprivi  | leged by providing economic and other  |
| assistance to low-income fan                                   | tilies to empower them to be able to  | o choose the best educational setting  |
| for their children's learning r                                | eeds; and   |  |
| b. To promote the advancement                                  | ent of education by administering le  | egislatively-authorized learning opportunities   |
| that give families the freedon                                 | n to choose the educational options   | that best suit their children; and   |
| c. To engage in any and all la                                 | wful activities to accomplish the fo  | orgoing purposes except as restricted herein.  |
| In order to accomplish the fo                                  | regoing charitable and educational  | purposes, and for no other purpose or  |
| purposes, the company shall                                    | have all the powers granted to not-   | for-profit companies by the Florida Not-   |
| For-Profit Corporation Act; p                                  | provided, however, that the compan  | y shall not, except to an insubstantial  |
| degree, engage in any activiti                                 | es or exercise any powers that are i  | not in furtherance of the primary  |
| purposes of the company.                                       |   |  |
| If the date inserted in this bloom is effective date on the De | t be specific and cannot be prior to date ock does not meet the applicable stap artment of State's records. | (optional) of filing or more than 90 days after filing.) Pursuant to 605 atutory filing requirements, this date will not be list 12:01 a.m. on the earlier of: (b) The 90th day afte |
| •  | e date, but not an effective time, at   | 12:01 a.m. on the earlier of: (b) The 90th day a   |

Filing Fee: \$25.00

Signature of a member or authorized representative of a member

Typed or printed name of signee

Kimberly Dyson