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COVER LETTER

Division of Corporations
NAME OF CORPORATION: SECOND CHANCE LIFE SKILLS, INC.
DOCUMENT NUMBER: N 0 0 0 0 0 0 0 3 1 9 3
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
(Name of Contact Person)
SECOND CHANCE LIFE SKILLS IN
1700 34th Street South
(Address) Petersburg FL 3370 (City/ State and Zip Code)
SCIS/7006 9 Moil - Cove E-mail address: (Webe used for future annual report notification)
For further information concerning this matter, please call:
TEFFERY L. SHORTER at 727 278-4873 (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:
\$35 Filing Fee

TO: Amendment Section

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 Tallahussee, FL 32301

Articles of Amendment to Articles of Incorporation

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SECOND CHAN (Name of Corporation as current)	tly filed with	LIFE-	SKILC t. of State)	5, J
(Document Number	er of Corpora	13 tion (if known)		
Pursuant to the provisions of section 617,1006, Florida Statute amendment(s) to its Articles of Incorporation:	s, this <i>Florid</i>	a Not For Profit (Corporation adopts the	ae following
A. If amending name, enter the new name of the corporati	on:			
name must be distinguishable and contain the word "corporat "Company" or "Co." may not be used in the name.	ion" or "ince	orporated" or the	abbreviation "Corp.	The new "or "Inc."
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)			-	
			.,	<u>- 3</u> .
			<u></u>	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)				
(Studing duaress MAT BE A POST OFFICE BOX)			<u> </u>	
				1.1.121.5
D. If amending the registered agent and/or registered office new registered agent and/or the new registered office ac		Florida, enter th	e name of the	
Name of New Registered Agent:		 :		
New Registered Office Address:		(Florida stree	i address)	
			Florida	
	(City)		(Zip Code)	
New Registered Agent's Signature, if changing Registered. I hereby accept the appointment as registered agent. I am fan		d accept the oblig	gations of the position	t.
Si	onature of Na	w Registered Age	ent 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 Financial Officer. If an officer/director holds more than one title, list the first letter of each other 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-Increa 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: <u>X</u> Change <u>X</u> Remove <u>X</u> Add	<u>PT</u> <u>V</u> <u>SV</u>	John Doe Mike Jones Sally Smith		
Type of Action (Check One)	<u>Title</u>	<u>Name</u>		<u>Addres</u> s
l) Change				
Add				
Remove				
2) Change				
Add				
Remove				
3) Change				
Add				
Remove				
4) Change				
Add				
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)
ARTICLE VII
THAT Said Corporation in addition to but not limited the following, for purposes of clarity, that among its various purposes, they specifically include:
A. Fostering Affordable Housing;
B. Fostering Economic Dévelopment;
C. Fostering Individual Achievement through employment training.
D. Foctering Healthy Living by providing activities including Urban Farming and Athletic Opportunities.

The date of each amendment(s) ac	loption:	if other man us.
date this document was signed.		
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this blo document's effective date on the De	ock does not meet the applicable statutory filing requirements, this partment of State's records.	s date will not be fisted as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were as was/were sufficient for approva	dopted by the members and the number of votes cast for the ameral.	idment(s)
There are no members or mem adopted by the board of directors	bers entitled to vote on the amendment(s). The amendment(s) was	is/were
Dated	12/19	
Signature	11.50	
tave not be	man or vice chairman of the board, president or other officer-if den selected, by an incorporator – if in the hands of a receiver, trust appointed fiduciary by that fiduciary)	irectors stee, or
	EFFREY L. SHORT. (Typed or printed name of person signing)	ER
	CEO Direct	70~