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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: Imani Dance Program for Y	Youth Development Inc.
N0000004617	
DOCUMENT NUMBER:	, , , , , , , , , , , , , , , , , , ,
The enclosed Articles of Amendment and fee are submitted	for filing.
Please return all correspondence concerning this matter to the	e following:
Dr. Kwame King	
(Name	e of Contact Person)
Imani Dance Program for Youth Development Inc.	
(F	Firm/ Company)
3536 Estates Road	
	(Address)
Tallahassee, FL 32305	
(City/	State and Zip Code)
ImaniDanceProgram@hotmail.com	
E-mail address: (to be used for fur	ure annual report notification)
For further information concerning this matter, please call:	
Dr. Kwarne King	850 322-6705 at
(Name of Contact Person)	(Area Code) (Daytime Telephone Number)
Enclosed is a check for the following amount made payable to	o the Florida Department of State:
(Add	75 Filing Fee & Status ified Copy Certificate of Status Certified Copy (Additional Copy is Enclosed) 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

Imani Dance Program for Youth Development Inc	.	17 no	
(Name of Corporation	as currently filed with the	Florida Dept. of State	12 /4/11:3
N00000004617		701	1113
(Docu	nent Number of Corporation	(if known)	, a.e.
Pursuant to the provisions of section 617.1006, Floamendment(s) to its Articles of Incorporation:	rida Statutes, this <i>Florida No</i>	ot For Profit Corporation add	opts the following
A. If amending name, enter the new name of the	e corporation:		
NA			The new
name must be distinguishable and contain the word "Company" or "Co." may not be used in the nam		rated" or the abbreviation "C	
B. Enter new principal office address, if applica			
Principal office address <u>MUST BE A STREET A</u>	DDRESS)		
		· · · · · · · · · · · · · · · · · · ·	
C. Enter new mailing address, if applicable:	nove NA		
(Mailing address <u>MAY BE A POST OFFICE</u>	<u> </u>		
D. If amending the registered agent and/or regi	stered office address in Flo	rida enter the name of the	
new registered agent and/or the new register	ed office address:	that the name of the	
Name of New Registered Agent:	NA		
	 	(Florida street address)	
New Registered Office Address:		,	
	NA	. Florida	
	(City)	(Zip Cod	de)
New Registered Agent's Signature, if changing I hereby accept the appointment as registered agen	Registered Agent: t. I am familiar with and ac	cept the obligations of the pos	sition.
- 0	-	- 0 , 1	
_			
	Signature of New R	egistered 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 <math>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		Doe Jones Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	PC	Jessica Wallace-McBride	8 Burnt Tree Circle
Add			Savannah, GA 31419
X Remove			
2) X Change	PC	Bomani Mustapha	1535 McCaskill Ave. # Suite 7
Add			Tallahassee, FL 32310
Remove			
3) Change	<u>v</u>	Sherbah Carey	3221 Majestic Prince Trail
X Add			Tallahassee,FL 32309
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

(attach ad	ling or adding additional And ditional sheets, if necessary).	(Be specific)	ATAL SALA.			
NA						

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		**				

	June 8, 2017	
The date of each amendment(s) adoption: date this document was signed.		_, if other than the
June 8, 2017		
Effective date if applicable:	o more than 90 days after amendment file date)	
(11	o more than 30 days after amenament file date)	
<u>Note:</u> If the date inserted in this block does a document's effective date on the Department	not meet the applicable statutory filing requirements, this date will not be of State's records.	e listed as the
Adoption of Amendment(s)	CHECK ONE)	
☐ The amendment(s) was/were adopted by was/were sufficient for approval.	the members and the number of votes cast for the amendment(s)	
There are no members or members entit adopted by the board of directors.	led to vote on the amendment(s). The amendment(s) was/were	
6 /8/2017 Dated		
Signature	A Meily, Ed. S.	_
have not been selected	rice chairman of the board, president or other officer-if directors ed, by an incorporator – if in the hands of a receiver, trustee, or I fiduciary by that fiduciary)	
Dr. Kwame King		
	(Typed or printed name of person signing)	
Executive Directo	OF .	
	(Title of person signing)	