NOI 0000003377

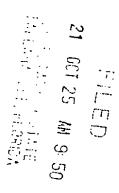
(Re	equestor's Name)	
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COVER LETTER

TO: Amendment Section Division of Corporations

Tallahassee, FL 32314

NAME OF CORPORATION:	ss Trust Foundation, Inc	· · · · · · · · · · · · · · · · · · ·		
N01000002877				
The enclosed Articles of Amendment and fee	are submitted for filing	,.		
Please return all correspondence concerning t	his matter to the following	ing:		
Dr. Joe A. Houston				
	(Name of Cont	tact Person)		
Delta Success Trust Foundation, Inc				
	(Firm/ Cor	mpany)		
1241 Sedgefield Road				
	(Addr.	ess)	_	
Tallahassee, FL 32317				
	(City/ State and	d Zip Code)		
drjoe@comeast.net	-			
	be used for future annu	ual report noti	fication)
For further information concerning this matter	r, please call:			
Dr. Joe A. Houston		850 at		294-8868
(Name of Contac	t Person)	(Area (Code)	(Daytime Telephone Number)
Enclosed is a check for the following amount	made payable to the Flo	orida Departm	ent of	State:
☐ \$35 Filing Fee ■\$43.75 Filing Certificate of		рy	Certifi Certifi	Filing Fee cate of Status ed Copy ional Copy is sed)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327		Street Add Amendmen Division of The Centr	nt Secti f Corpo	rations

2415 N. Monroe Street, Suite 810

Tallahassec, FL 32303

Articles of Amendment to Articles of Incorporation of

Delta Success Trust Foundation, Inc.

Name of Corporation as currently filed with the Florid	a Dept. of State)	
N01000002877		
(Document Nur	nber of Corporation (if known)	
Pursuant to the provisions of section 617,1006, Florida Stat amendment(s) to its Articles of Incorporation:	utes, this <i>Florida Not For Proj</i>	Tt Corporation adopts the following
A. If amending name, enter the new name of the corpor	ration:	
Success Trust Foundation, Incorporated		Тhе печ
name must be distinguishable and contain the word "corpo	ration" or "incorporated" or t	he abbreviation "Corp." or "Inc."
"Company" or "Co." may not be used in the name.		
B. Enter new principal office address, if applicable:		
(Principal office address <u>MUST BE A STREET ADDRES</u>	<u> </u>	
	<u> </u>	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	P. O. Box 15021	:- N
(maining municos man men a vivi vivi vivi vivi vivi vivi vivi	Tallahassee, FL 32317	
	· <u>·</u> ····	
		2
D. If amending the registered agent and/or registered o	ffice address in Florida, enter	the name of the
new registered agent and/or the new registered office		
Name of New Registered Agent:		<u> </u>
)
	(Florida si	reet address)
New Registered Office Address:		
	<u></u>	, Florida (Zip Code)
	(City)	(Zip Code)
New Registered Agent's Signature, if changing Register	ed Agent:	directions of the position
I hereby accept the appointment as registered agent. I am	Jamiliar with and accept the of	nigations of the position.
	Signature of New Registered A	gent, if changing
	<u>-</u>	

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>V</u>	<u>John Doc</u> Mike Jones Sally Smith		
Type of Action (Check One)	Title	<u>Name</u>		Address
l) Change Add			,	
Remove				
2) Change Add				
Remove 3) Change Add Remove				
4) Change Add				
Remove				_
5) Change Add				
Remove				
6) Change Add		<u> </u>		
Remove				<u> </u>
E. If amending or addin (attach additional shee	ig addition	nal Articles, enter change ssary). (Be specific)	(s) here:	
	<u>_</u>			

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The date of each amendment(s) adoptionate this document was signed.	n: Tuesday, September 21,2021		, if other than th
iate tins document was signed.			
Effective date <u>if applicable</u> :			
necure date <u>n applicative</u> .	(no more than 90 days after amend	ment file date)	
		•	
Note: If the date inserted in this block do	es not meet the applicable statutory t	filing requirements, this date w	rill not be listed as the

The amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s) was/were sufficient for approval.

(CHECK ONE)

document's effective date on the Department of State's records.

Adoption of Amendment(s)

	There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors.					
	Dated .	11 October, 2021				
	Signature	de a Aratin				
	(I	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)				
		Joe A. Houston				
		(Typed or printed name of person signing)				
		Director/President				
		(Title of person signing)				