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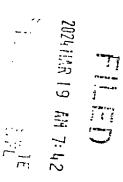
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## COVER LETTER

**TO:** Amendment Section Division of Corporations

YOUTH & FA Name of Corporation:	MILY EMPOWERMEN	VT, INC 		
N02000005202 DOCUMENT NUMBER:			<u> </u>	
The enclosed Articles of Amendment and fee a	re submitted for filing.			
Please return all correspondence concerning thi	s matter to the following:	:		
JOSEPH ROSIER				
	(Name of Contact	Person)		
YOUTH & FAMILY EMPOWERMENT INC				
	(Firm/ Compa	any)		
20733 NW 2ND AVE				
	(Address)	<del></del>		
MIAMI GARDENS, FL 33169				
	(City/ State and Z	ip Code)		
usataxinsurance@yahoo.com				
E-mail address: (to b	oe used for future annual	report notifica	tion)	
For further information concerning this matter,	please call:			
JOSEPH ROSIER		305 at	305-4980	
(Name of Contact I	Person)	(Area Coc	e) (Daytime Telephone Number)	
Enclosed is a check for the following amount m	nade payable to the Floric	da Departmen	of State:	
☐ \$35 Filing Fee ☐ \$43.75 Filing Fee Certificate of \$		Oy is Co (A	2.50 Filing Fee ortificate of Status ortified Copy dditional Copy is nelosed)	
Mailing Address Amendment Section		Street Addre Amendment S		

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## Articles of Amendment Articles of Inco of

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20241110

TOUTH & FAMILT EMPOWERMENT INC		2029 MAD 1 -
(Name of Corporation as currently filed with the Florida I	Dept. of State)	2024 MAR 19 KM 7:43
N02000005202		7.43 
(Document Numb	er of Corporation (if known)	- 100 - 100
Pursuant to the provisions of section 617.1006, Florida Statute amendment(s) to its Articles of Incorporation:	es, this <i>Florida Not For Proj</i>	it Corporation adopts the following
A. If amending name, enter the new name of the corporat	ion:	
HAITIAN AMERICAN TASK FORCE INC		The new
name must be distinguishable and contain the word "corpora "Company" or "Co." may not be used in the name.	tion" or "incorporated" or t	
B. Enter new principal office address, if applicable:	20733 NW 2ND AVE	
(Principal office address <u>MUST BE A STREET ADDRESS</u>	MIAMI GARDENS, FL 33	169
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	20733 NW 2ND AVE	
	MIAMI GARDENS, FL 33	169
D. If amending the registered agent and/or registered offinew registered agent and/or the new registered office a  Name of New Registered Agent:		the name of the
New Registered Office Address:	(Florida sı	rees address)
		, Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if changing Registered I hereby accept the appointment as registered agent. I am fa	miliar with and agcept the ol	
N/	onlinite of New Registered A	gent 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 Do Y Mike Jo SV Sally Sr	<u>mes</u>	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change Add	PT	JOSEPH ROSIER	20733 NW 2ND AVE MIAMI GARDENS, FL 33169
Remove 2) Change × Add	<u>VP</u>	JOELLENE ROSIER	20733 NW 2ND AVE MIAMI GARDENS, FL 33169
Remove  3 ) Remove  Add Remove			
4) Change Add			
Remove 5) Change Add			
Remove 6) Change Add			
E. If amending or addin (attach additional shee		cles, enter change(s) here: (Be specific)	
		IS TO PROVIDE SUPPORT TO OUR RET	
		RE IN THE US, AS A GIVING BACK TO F	IAITI AND OUR COMMUNITY,

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	03/14/224	
The date of each amendment(s) adoption	: 0-2/1//0001	_, if other than the
date this document was signed.		
Personal days if and the state	: 03/14/2024 03/20/2024	
Effective date if applicable:	no more than 90 days after amendment file date)	
{1	no more man 90 days after amenament fite date)	
Note: If the date inserted in this block does document's effective date on the Department	s not meet the applicable statutory filing requirements, this date will not not of State's records.	be listed as the
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
The amendment(s) was/were adopted to was/were sufficient for approval.	by the members and the number of votes east for the amendment(s)	

airman or vice chairman of the board, president or other officer-if directors been selected, by an incorporator – if in the hands of a receiver, trustee, or are appointed fiduciary by that fiduciary)
TOSEPH ROSIER
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