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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION:	R THE STARS FOUNDAT	ΓΙΟΝ INC. 		
N02000008494				
The enclosed Articles of Amendment and fee a	are submitted for filing.			
Please return all correspondence concerning th	is matter to the following:			
SYLVESTER BRAITHWAITE				
	(Name of Contact	Person)		
BRAITHWAITE FOUNDATION INC				
	(Firm/ Compa	iny)		
16876 NW 19th AVENUE				
	(Address)		· · ·	
NORTH MIAMI BEACH, FL. 33162				
	(City/ State and Zi	p Code)		
sylvester@womenandteens.com				
E-mail address: (to	be used for future annual r	report notificat	ion)	
For further information concerning this matter.	, please call:			
SYLVESTER BRAITHWAITE		954 aı	347-0070	
(Name of Contact		(Area Code	e) (Daytime Telepho	nc Number)
Enclosed is a check for the following amount r	nade payable to the Florid	a Department	of State:	
■ \$35 Filing Fee □\$43.75 Filing Fee Certificate of \$		Cer y is Cer (Ac	.50 Filing Fee tificate of Status tified Copy ditional Copy is closed)	
Mailing Address	5	Street Addres	5	

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 to Articles of Incorporation of

REACH FOR THE STARS FOUNDATION, INC. (Name of Corporation as currently filed with the Florida Dept. of State) N02000008494 (Document Number of Corporation (if known) Pursuant to the provisions of section 617.1006, Florida Statutes, this Florida Not For Profit Corporation adopts the following amendment(s) to its Articles of Incorporation: A. If amending name, enter the new name of the corporation: BRAITHWAITE FOUNDATION, INC. The new name must be distinguishable and contain the word "corporation" or "incorporated" or the 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 MUST BE A STREET ADDRESS) C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address: Name of New Registered Agent: (Florida street address) New Registered Office Address: Florida _ (City) (Zip Code) New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

Signature of New Registered 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 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>PT</u> <u>V</u> <u>SV</u>	John Do Mike Jo Sally Sr	ones	
Type of Action (Check One)	Title		<u>Name</u>	Address
1) 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 addin (attach additional shee			cles, enter change(s) here: (Be specific)	

		
		
		
		
The date of such amount and a set of a direction		16-414141
date this document was signed	nn:	_ n other than the
-		
Effective date if applicable:	(no more than 90 days after amendment file date)	-
<u>Note:</u> If the date inserted in this block do document's effective date on the Departm	es not meet the applicable statutory filing requirements, this date will not be ent of State's records.	oe listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were adopted was/were sufficient for approval.	by the members and the number of votes cast for the amendment(s)	

	abers or members entitled to vote on the amendment(s). The amendment(s) was/were pard of directors.
Dated	August 4, 2020
Signature	RA Broutawante
C	(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)
	SYLVESTER BRAITHWAITE
	(Typed or printed name of person signing)
	President

(Title of person signing)