N030000004072

(Requestor's Name)
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(Address)
(Address)
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COVER LETTER .

TO: Amendment Section Division of Corporations

NAME OF CORPO	PRATION: IGBO YOUT	H CLUB OF FLORIDA, INC	<u> </u>
DOCUMENT NUM	IBER: N0300004072		
The enclosed Article	s of Amendment and fee a	are submitted for filing.	
Please return all corr	respondence concerning th	is matter to the following:	
KAVII	N O. KING		
	(Name	of Contact Person)	
IGBO	YOUTH CLUB		
	(Fi	rm/ Company)	
2300	NW 181 TERRACE		
		(Address)	
MIAM	II, FL. 33056	State and Zip Code)	
For further informati	on concerning this matter,	•	
KAVIN O. KING		at (305) 401-0	188
(Name o	of Contact Person)	(Area Code & Daytin	ne Telephone Number)
Enclosed is a check t	for the following amount n	nade payable to the Florida D	epartment of State:
\$35 Filing Fee	\$43.75 Filing Fee & Certificate of Status	\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	
Mailing Address Amendment Section Division of Corporations		Street Address Amendment Section Division of Corporation	s
P.O. Box 6327 Tallahassee, FL 32314		Clifton Building 2661 Executive Center (Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

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IGBO YOUTH	I CLUB OF FLORIDA, INC.	SSECTIONS
(Name of Corporation as curr	ently filed with the Florida Dept. of S	itate)
	N03000004072	_
(Document Nur	nber of Corporation (if known)	
Pursuant to the provisions of section 617.1006, the following amendment(s) to its Articles of Its		Profit Corporation add
A. If amending name, enter the new name o	f the corporation:	
NEW NIGERIAN ALLIANCE, INC		
The new name must be distinguishable and cabbreviation "Corp." or " Inc." "Company" o	ontain the word "corporation" or "in	ocorporated" or the
conp. of the company		
B. Enter new principal office address, if app		
Principal office address <u>MUST BE A STREE</u>	ET ADDRESS)	
C. Enter new mailing address, if applicable	-	
(Mailing address MAY BE A POST OFFI		
). If amending the registered agent and/or		nter the name of the
new registered agent and/or the new regi	stered office address:	
Name of New Registered Agent:		
CHAIN OF FIRM AND AND THE OFFICE OF THE OFFICE OFFI		
New Registered Office Address:	(Florida street address)	
THE REPORT OF THE PARTY OF THE	(* 101 1000 111 120 10001 1000)	
	****	, 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) Title <u>Name</u> Address Type of Action ☐ Add ☐ Remove O Add ☐ Remove E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific)

The date of each amendment	(s) adoption: 12/23/2008
Effective date if applicable:	12/23/2008
	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/we was/were sufficient for appr	re adopted by the members and the number of votes cast for the amendment(s) roval.
There are no members or radopted by the board of dir	members entitled to vote on the amendment(s). The amendment(s) was/were rectors.
Dated 12/2 Signature	23/2008 N
(By hav	the chairman or vice chairman of the board, president or other officer-if directors on the been selected, by an incorporator – if in the hands of a receiver, trustee, or court appointed fiduciary by that fiduciary)
	KAVIN O. KING (Typed or printed name of person signing)
,	CHAIRMAN / PRESIDENT (Title of person signing)