N0400000039/

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



200296247622

03/20/17--01034--007 **35.00

SECRETARY OF STATE OF STATE OF CORPORATIONS

V HERRING MAR 2.2 2017

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION:	LLIANCE INC	,	
N04000000391 DOCUMENT NUMBER:			
The enclosed Articles of Amendment and fee are sub	mitted for filing.		
Please return all correspondence concerning this matt	er to the following:		
MONIQUE D BROWN WELLONS			
	(Name of Contact Person	n)	
ALPHA OMEGA ALLIANCE INC.	` ,		
	(Firm/ Company)		
31 W 4TH STREET			
	(Address)		
RIVIERA BEACH FL 33404			
	(City/ State and Zip Cod	e) .	
mowellons@changescenter.org			
E-mail address: (to be used	d for future annual report	notification	n)
For further information concerning this matter, please	call:		
Monique D Brown Wellons	56 at	1	8999140
(Name of Contact Person		rea Code)	(Daytime Telephone Number)
Enclosed is a check for the following amount made pa	ayable to the Florida Depa	artment of	State:
■ \$35 Filing Fee	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	Certifi Certifi	0 Filing Fee icate of Status ied Copy tional Copy is esed)
Mailing Address Amendment Section		Address	on

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

SECRETARY OF STATE OIVISION OF CORPORATIONS

9817 MAR 20 AM 9: 18

ALPHA OMEGA ALLIANCE INC	•	ŧ.		
(Name of Corporation as curre	ntly filed with the Florida Dep	t. of State)		
N0400000391	•			
(Document Num	ber of Corporation (if known)			
Pursuant to the provisions of section 617.1006, Florida Statu amendment(s) to its Articles of Incorporation:	tes, this Florida Not For Profit	Corporation adopts the following		
A. If amending name, enter the new name of the corpora	<u>tion:</u>			
		The new		
name must be distinguishable and contain the word "corpor "Company" or "Co." may not be used in the name	ation" or "incorporated" or the	abbreviation "Corp." or "Inc."		
B. Enter new principal office address, if applicable:	31 W 20th Street			
(Principal office address MUST BE A STREET ADDRESS	Riviera Beach FL 33404	. " .		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	31 W 20TH Street	•		
(Manning and too Maria De 12 too of 12 too De 17	Riviera Beach FL 33404			
D. If amending the registered agent and/or registered off new registered agent and/or the new registered office	<u>ice address in Florida, enter th</u> address:	e name of the		
	<u> </u>			
Name of New Registered Agent:				
	(Florida stree	et address)		
New Registered Office Address:				
	·	, Florida		
	(City)	(Zip Code)		
New Registered Agent's Signature, if changing Registered hereby accept the appointment as registered agent. I am for the second	d Agent: amiliar with and accept the oblig	gations of the position.		
	Signature of New Registered Age	ent, 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.

X Change X Remove X Add	<u>V</u> <u>Mi</u>	nn Doe ke Jones lly Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change	D	Shkayla Demps	5100 45th Street
Add			8E
x Remove			West Palm Beach FL 33407
2) Change	D	LeShaela Williams	625 50th Street
Add			West Palm Beach FL 33407
X Remove 3) Change	D .	Katina Davis Williams	1946 Allamanda Drive
x Add			Riviera Beach FL 33404
Remove			
4) Change			
Add			
Remove			
5) Change		·	
Add			
Remove		·	
6) Change			
Add			
Remove			

E. If amending o (attach addition	r adding addition nal sheets, if neces	al Articles, ente sary). (Be spec	r change(s) here vific)	:	·	
		 	<u> </u>			
						<u> </u>
		<u> </u>			_	<u>-</u>
			<u> </u>			
<u></u>					 	
				-		
		 	-		-	
				· · · · · · · · · · · · · · · · · · ·	<u> </u>	
	•					
					_	
		<u> </u>				
						_ _
		····	<u> </u>			
<u> </u>			·····			

03/17/2017	
he date of each amendment(s) adoption:	, if other than the
ffective date <u>if applicable</u> :	
(no more than 90 days after amendment file date)	
ote: If the date inserted in this block does not meet the applicable statutory filing requirements, ocument's effective date on the Department of State's records.	, this date will not be listed as the
doption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the members and the number of votes cast for the a was/were sufficient for approval.	mendment(s)
There are no members or members entitled to vote on the amendment(s). The amendment(s) adopted by the board of directors.) was/were
Dated 03/17/2017	
Signature i	
(By the chairman or vice chairman of the board, president or other officer have not been selected, by an incorporator – if in the hands of a receiver, other court appointed fiduciary by that fiduciary)	-if directors trustee, or
Monique D Brow Wellons	
(Typed or printed name of person signing)	
Executive Director	
(Title of person signing)	