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COVER LETTER

TO: Amendment Section Division of Corporations

10. P. 1 P. 1

NAME OF CORPORATION: Bay Law Enforcement Assistante Foundation Inc
DOCUMENT NUMBER: NO 4000002191
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Amarcha Brogain (Name of Contact Person)
Bay Law Enforcement Assistance Foundation Inc.
34al N Huy 77 (Address)
Panama City FL 32405 (City/ State and Zip Code)
amanda brogging bay so organization) E-mail address: (to be used for juture annual report notification)
For further information concerning this matter, please call:
Amanda Broadon (New of Contact Person) at 850 248-2159 (Area Code) (Daytine Telephone Number)
Enclosed is a check for the following amount made payable to the Florida Department of State:
☐ \$35 Filing Fee ☐ \$43.75 Filing Fee & ☐ \$43.75 Filing Fee & ☐ \$52.50 Filing Fee Certificate of Status Certificate of Status Certified Copy (Additional copy is enclosed) Certified Copy (Additional Copy is Enclosed)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street Address Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite \$10

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

Pay Law Enforcement (Name of Copporation as currently filed with the Florida I	Assistance Foundation Inc.
	<u>yehr at same</u>)
ND400003191 (Document Numb	er of Corporation (if known)
Pursuant to the provisions of section 617.1006, Florida Statute amendment(s) to its Articles of Incorporation:	es, this Florida Not For Profit Corporation adopts the following
A. If amending name, enter the new name of the corporat	
	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 the abbreviation "Corp." or "Inc."
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)	2730 E 14 th St Panama City, FL 32401
	address in Florida, enter the name of the address: Onda Bragalon 30 E14th St (Florida street address)
New Registered Office Address:	Oma Crty Florida 23401 (Zip Code)
New Registered Agent's Signature, if changing Registered I hereby accept the appointment as registered agent. I am	Agent: 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	PT John Do V Mike Jo SV Sally Si	uics	
Type of Action (Check One)	Title	Name	Address
1) X Change Add	Secretary	Amarda Brogdon	DOME 14 TOST
Reinove 2) Change Add	CFO Dicelor	Capt Myron Guilford	2730 E 14th St Panama City, EL 3a 401
Remove Change Add	Treasurer	Donna Crews_	3421 N. HUY77 Paramacty, Fl 33405
Remove Change Add		Vivian Sammons	Barama City EL 30400
Remove Change Add			
Remove 6) Change Add			
E. If amending or a	dding additional A sheets, if necessary)	rticles, enter change(s) here: . (Be specific)	· .
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	<u> </u>
	<u> </u>
	if other than the
date this cocument was signed.	option:, if other than the
Effective date if applicable:	(no more than 90 days after amendment file date)
Note: If the date inserted in this bloc document's effective date on the Dep	& does not meet the applicable statutory filing requirements, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/were adwas/were sufficient for approva	opted by the members and the number of votes east for the amendment(s).

Ù	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 11-6-2023
	Signature Chairman or vice chairman of the bard, 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)
	Amanda Bradon (Typed or printed name of person signing)
	Secretary (Title of person signing)