

| (Requestor's Name) | | | |
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| (Address) | | | |
| (Address) | | | |
| (City/State/Zip/Phone #) | | | |
| PICK-UP WAIT MAIL | | | |
| (Business Entity Name) | | | |
| (Document Number) | | | |
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TALL SHARES STATE

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COVER LETTER

TO: Amendment Section Division of Corporations

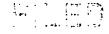
| NAME OF CORPORATION: | Metropolitan Design | and Consulting Foun | dation, Inc. | |
|--|--------------------------|---|--|--|
| DOCUMENT NUMBER: | N06000005408 | | | |
| The enclosed Articles of Amend | ment and fee are subn | nitted for filing. | | |
| Please return all correspondence | concerning this matte | r to the following: | | |
| | | Gregory Donale | i | |
| | | (Name of Contact Per | rson) | |
| | Metropolitan | Design and Consultin | g Foundation | , Inc. |
| | | (Firm/ Company) |) | |
| | | 2038 Lambert Lan | ie | |
| | | (Address) | | |
| | | Fallahassee, Florida 3 | 2317 | |
| | | (City/ State and Zip C | lode) | |
| | foui | ndation@mdcgconsul | ting.com | |
| E-mai | l address: (to be used | for future annual repo | ort notification | n) |
| For further information concerni | ng this matter, please o | call: | | |
| | Gregory Donald | at | 850 | 510-7341 |
| (Na | ne of Contact Person) | | (Area Code) | (Daytime Telephone Number) |
| Enclosed is a check for the follow | ving amount made pa | yable to the Florida D | epartment of | State: |
| | | □\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed) | Certif Certif | 0 Filing Fee Teate of Status Ted Copy tional Copy is osed) |
| Mailing Address Amendment Section Division of Corporations P.O. Box 6327 | | Am Div | et Address endment Sect ision of Corpo ton Building | |

Tallahassee, FL 32314

Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment

to Articles of Incorporation of



| vi i i i dina Design | and Consulting Fo | .2819.БШВо22 - РМ 12: 14 | |
|--|----------------------------|---|--|
| (Name of Corporation as current | | | |
| | 6000005408 | LANGES. | |
| (Document Number | er of Corporation (| if known) | |
| Pursuant to the provisions of section 617,1006, Florida Statutes unendment(s) to its Articles of Incorporation: | s, this <i>Florida Not</i> | For Profit Corporation adopts the following | |
| A. If amending name, enter the new name of the corporation | on: | | |
| TeenPreneur I | Foundation, Inc. | The ne | |
| name must be distinguishable and contain the word "corporate "Company" or "Co." may not be used in the name. | ion" or "incorpor | ated" or the abbreviation "Corp." or "Inc. | |
| B. Enter new principal office address, if applicable: | 2038 Lambert Lane | | |
| Principal office address <u>MUST BE A STREET ADDRESS</u>) | Tallahassee, Florida 32317 | | |
| | | | |
| C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) | 2038 Lambert Lane | | |
| (Manual address <u>MRCNL A COST VI I TEL BOAL</u>) | Tallahassee, Florida 32317 | | |
| | | | |
| If amending the registered agent and/or registered office new registered agent and/or the new registered office and/or the new registered. | | ida, enter the name of the | |
| Name of New Registered Agent: | | | |
| | | (Florida street 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 far | | cept the obligations of the position. | |
| Si | gnature of New Re | egistered 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 Sn | nes | |
|-----------------------------------|------------------------------|--------------------------------|------|-----------------|
| Type of Action (Check One) | <u>Title</u> | | Name | <u>Addres</u> s |
| 1) Change | | _ | | |
| Add | | | | |
| Remove | | | | |
| 2) Change | | _ | | |
| Add | | | | |
| Remove | | | | |
| 3)Change | | _ | | |
| Add | | | | |
| Remove | | | | |
| 4) Change | | | | |
| Add | | _ | | |
| Remove | | | | |
| 5) CI | | | | |
| 5) Change | | - | | |
| Add | | | | |
| Remove | | | | |
| 6) Change | | _ | | |
| Add | | | | |
| Remove | | | | |

E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific)

Organized exclusively for charitable, religious, educational, and scientific purposes, including, for such purposes, the making of distributions to organizatons that qualify as exempt organizations under section 501c3 of the Internal Revenue Service Code, or corresponding section of any future tax code. Upon dissolution of the organization, assets shall be distributed for one or more exempt purposes within the meaning of section 501c3 of the Internal Revenue Code, or corresponding section of any future federal tax code, or shall be distributed to the federal government, or to the state or local government, for a public purpose. Any such assets not disposed of shall be disposed of by the Court of Common Pleas of the county in which the principal office of the organization is then located, exclusively for such purposes or to such organization or organizations as said Court shall determine which are organized and operated exclusively for such purposes. The mission of TeenPreneur Foundation, Inc. is to eqip and empower teens with real world skills through entrepreneurial and technological training, while enhancing their capacity to make healthier life choices and become better citizens of our community and nation.

| 2/15/19 | |
|--|------------------------|
| The date of each amendment(s) adoption: | , if other than the |
| date this document was signed. | |
| 2/15/19 Effective date if applicable: | |
| (no more than 90 days after amendment file date) | |
| <u>Note:</u> If the date inserted in this block does not meet the applicable statutory filing requirements, this date will document's effective date on the Department of State's records. | I not be listed as the |
| Adoption of Amendment(s) (CHECK ONE) | |
| ☐ The amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s) was/were sufficient for approval. | |
| There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors. | |
| 2/15/19 Dated | |
| Signature Discrete Contract | |
| (By the chairman of tice 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) | |
| Gregory Donald | |
| (Typed or primed name of person signing) | |
| President | |
| (Title of person signing) | |