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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: Ou	r Future, Our Fathers, Ou	r Family, Youth Pro	gram, Inc.
DOCUMENT NUMBER: N08000	0001745		
The enclosed Articles of Amendmen	ut and fee are submitted	for filing.	·
Please return all correspondence cor	acerning this matter to the	he following:	
Michelle Boldin			
	(Name of Contact Pers	on)	
Creative Image Business			
	(Firm/ Company)		
P.O. Box 10746			
•	(Address)	•	•
Daytona Beach, FL	32120 (City/ State and Zip Co		
For further information concerning t		de)	
Michelle Boldin		36 <u>)</u> 307-502	
(Name of Contact Person)	(A	Area Code & Daytime	Telephone Number)
Enclosed is a check for the following	amount made payable	to the Florida Dep	partment of State:
\$\ \tag{\$35}\$ Filing Fee \$\ \tag{\$43.75}\$ Filing Certificate of	Status Certifi	Filing Fee & led Copy tional copy is osed)	☐ \$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327	Division Clifton l	ment Section of Corporations Building	lo
Tallahassee, FL 32314		ecutive Center Ci	rcie

Articles of Amendment to Articles of Incorporation of



Our Future, Our Fathers, O	ur Family, Youth Program, Inq	ALL ASTARY DE
Our Future, Our Fathers, O (Name of Corporation as currently fil	ur Family, Youth Program, Inq ed with the Florida Dept. of	State HASSEE, FLORIS
N08000001745		
(Document Number of	Corporation (if known)	
fursuant to the provisions of section 617.1006, Florida me following amendment(s) to its Articles of Incorpora		r Profit Corporation adopt
. If amending name, enter the new name of the co	rporation:	
The new name must be distinguishable and contain the bbreviation "Corp." or "Inc." "Company" or "Co."		
B. Enter new principal office address, if applicable: Principal office address <u>MUST BE A STREET ADD</u>		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO)	<u> </u>	
). If amending the registered agent and/or register		enter the name of the
new registered agent and/or the new registered of	office address:	
Name of New Registered Agent:		
New Registered Office Address:	(Florida street address)	
New Registered Office Address.	(Piorida sireei adaress)	
	(Cit.)	, Florida (Zip Code)
	(City)	(Zip Coae)
ew Registered Agent's Signature, if changing Reginature, if changing Reginatur		ecept the obligations of th
Signatur	e of New Registered Agent, if o	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)

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
<u>D</u>	KENDRA KING	1660 DUBLIN RD. DELTONA FL 32728	Add Remove
	<u> </u>		
E. If amen (attach a	ding or adding additional Artic additional sheets, if necessary).	les, enter change(s) here: (Be specific)	

The date of each amendmen	t(s) adoption: <u>3/15/2009</u>
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/we was/were sufficient for app	are adopted by the members and the number of votes cast for the amendment(s) proval.
There are no members or adopted by the board of di	members entitled to vote on the amendment(s). The amendment(s) was/were rectors.
Dated	1/5/09
Signature_	Land-
hav	the chairman or vice chairman of the board, president or other officer-if directors to not been selected, by an incorporator — if in the hands of a receiver, trustee, our court appointed fiduciary by that fiduciary)
	Terrance Ruth
	(Typed or printed name of person signing)
	President
	(Title of person signing)

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