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PICK-UP	WAIT	MAIL
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Certified Copies	Certificate	s of Status
Special Instructions to F	iling Officer:	





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06/06/11--01040--005 **35.00

Amend



M 1-9-11

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	DRATION: EDUCA TIO	in Empower MENT	Foundation, 7
	MBER: <u>NO80000</u>	·	
The enclosed Article	es of Amendment and fee are su	bmitted for filing.	
Please return all corr	respondence concerning this material	iter to the following:	
	Boasy (Name of	Contact Person)	
EDU	CATION EMPON	ENMENT Found n/Company)	datin, Inc.
300	SW 12th As	C Suite 322	4
	(City/Sta	tte and Zip Code) ment foundation. ded for future annual report notifie	oeg
For further informat	ion concerning this matter, pleas	e call:	,
/Sussy	Kon-ya	at (305) 644 (Area Code & Davi	1-9047
(Area Code & Dayr payable to the Florida Departmen	,
\$35 Filing Fee	☐ \$43.75 Filing Fee & Certificate of Status	☐ \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐ \$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
	ling Address endment Section	Street Address Amendment Section	,
	sion of Corporations	Division of Corporati	ions
P.O.	Box 6327	Clifton Building	
Talla	hassee, FL 32314	2661 Executive Center	er Circle

Tallahassee, FL 32301

Articles of Amendment Articles of Incorporation

EDU(97) on Empow. (Name of Corporation as cur	MENT /	Gundahon the Florida Dent. of St	Inc.
•	000 977		neu,
· · · · · · · · · · · · · · · · · · ·	umber of Corporati		
Pursuant to the provisions of section 617.100e the following amendment(s) to its Articles of		this <i>Florida Not For I</i>	Profit Corporation adopts
A. If amending name, enter the new name	of the corporation	<u>1:</u>	. 4
The new name must be distinguishable and abbreviation "Corp." or "Inc." "Company"	or "Co." may not	•	corporated" or the
B. Enter new principal office address, if an (Principal office address MUST BE A STRE			1 0
C. Enter new mailing address, if applicable (Mailing address MAY BE A POST OFF) D. If amending the registered agent and/or new registered agent and/or the new registered agent.	TICE BOX)	•	ter the name of the
new registered agent and/or the new re-	gisterea omice ada	iress:	
Name of New Registered Agent:			_
New Registered Office Address:	(Florid	da street address)	
		(0:)	, Florida (Zip Code)
		(City)	(Zip Coae)
New Registered Agent's Signature, if change I hereby accept the appointment as registered position.			pt the obligations of the
	Signature of New	Registered Agent, if cha	unging

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	Name	Address	Type of Action
DR	Bubby Rosinson	7432 NW 44 to	Add
	, ,	7435 NW 44 12 Va, 7 1203 Sunrise, 7c 38319	☐ Remove
DR	Lois Barrion vevo Contis Midkiff	3401 SW 16044 AVE SUITE 400 HIVOMAN, TH 33027	_ Y Add ☐ Remove
DR	Cuntis Midkiff	300 SW 12 # AVE SULTE 322 A Miami, PL 33130	
	nding or adding additional Articles, ente additional sheets, if necessary). (Be spec	er change(s) here:	
·			
			
·			
			

SUPPLEMENTAL AMENDMENT TO

OFFICERS AND DIRECTORS ADDED/REMOVED

TYPE	NAMES	ADDRESS	TYPE OF ACTION
Dir	Jaime Yuken	984 Mercy Dr. #1	Remove
		Orlando, FL 32808	
Dir	Philip Loeffel	200 E. Palm Valley Dr.	Remove
		Suite 2000 Oviedo, FL	
		32765	
Dir	Katrina Lundsford	205 E. Orange Street	Remove
		Lakeland, FL 33801 •	
Dir	Bernard Cottle	4309 SW 70 th Terrace	Remove
		Davie, FL 33314	
Dir	Dr. Debra Harding	7575 Dr. Phillips Blvd,	Remove
		Suite 10 Orlando, FL	
		32819	
Dir	Rodney Smith	73 West Flagler Street,	Remove
	}	Suite 242 Miami, FL	
		33130	

The date of each ar	nendment(s) adoption: //3/2011
	(date of adoption is required)
Effective date <u>if ap</u>	(no more than 90 days after amendment file date)
Adoption of Ameno	dment(s) (CHECK ONE)
The amendment(was/were sufficie	s) was/were adopted by the members and the number of votes cast for the amendment(s) ent for approval.
	mbers or members entitled to vote on the amendment(s). The amendment(s) was/were oard of directors.
Da	ated
Si	gnature
	(By the chairman or vice chairman of the board, president or other officer-if director have not been selected, by an incorporator – if in the hands of a receiver, trustee, other court appointed fiduciary by that fiduciary)
	Bubby Rosinsu
	(Typed or printed name of person signing)
	chief Execute Office
	(Title of person signing)