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(Re	equestor's Name)	
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☐ PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	





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SECRETARY OF STATE ALLAHASSEE, FLORIDA

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T. LEMIEUX

COVER LETTER

TO: Amendment Section

Division of Corporations	
NAME OF CORPORATION: We Are One	People Foundation Inc
DOCUMENT NUMBER: NO 000000	2145
The enclosed Articles of Amendment and fee are submitted for fi	ling.
Please return all correspondence concerning this matter to the foll	owing:
(Name of C	than Brown Contact Person)
We Are one R	People Foundation, Inc
13891 BlueBig	d Pond Road
Windermere,	FL 34786
E-mail address: (to be used foi; future a	opf. om
For further information concerning this matter, please call:	adda report notifications
Jonathan Brown 1 at	(Area Code & Daytime Telephone Number)
(Name of Contact Person)	•
Enclosed is a check for the following amount made payable to the \$\Begin{align*} \Pi\$ \$35 \text{ Filing Fee} & \Bigcirc \$43.75 \text{ Filing Fee} & \Bigcirc \$43.75 \text{ Certified} \\	Copy Certificate of Status Capy is Certified Copy
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment

to Articles of Incorporation

$111. \Lambda \Lambda \Lambda \Lambda \Lambda \Lambda \sim 00$	
We are the repole foundation Inc.	
(Name of Corporation as currently filed with the Florida Dept. of State)	
N0900002145	
(Document Number of Corporation (if known)	
Pursuant to the provisions of section 617.1006, Florida Statutes, this <i>Florida Not For Profit Corporation</i> adopts the follown amendment(s) to its Articles of Incorporation:	ng
A. If amending name, enter the new name of the corporation:	
The n	ew
name must be distinguishable and contain the word "corporation" or "incorporated" or the abbreviation "Corp." or "Inc	. "
"Company" or "Co." may not be used in the name.	
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)	
D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:	
1110-14-Claronet	
Name of New Registered Agent: LY/ETT STECKT	
941 Yellow Gose Drive	
(Florida street address) <u>New Registered Office Address</u> :	
Mando, Florida 32818	
(City), Florida 20078	
	ÁS -
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.	- CS - CS - CS - CS - CS - CS - CS - CS
I Limit Stille to	語り
Signature of New Registered Agent, if changing	いる。

Page 1 of 4

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		Doe e Jones	
X Add		/ Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	YP	Kevin Richard	125 Placed Wood Court
Add Remove			Santord, FL 327/3
2) Change Add		Daphne Simms	3904 Long Branch Lane Apoka, FL 32712
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

	(Be specific)			
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	date of each amendment(s) adoption: ### Of this document was signed. #### Of this document was signed.	, if other than the
Effe	(no more than 90 days after amendment file date)	
Ado	option of Amendment(s) (<u>CHECK ONE</u>)	
	The amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s) was/were sufficient for approval.	
rd	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 9/29/14	
	Signature Provide Provide (By the chairman or vice 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)	
	Jonathan Brown	
	(Typed or printed name of person signing)	
	(Title of person signing)	