1409000000137

(Requestor's Name)
(Address)
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(Address)
(City/State/Zip/Phone #)
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(business Entity Name)
(Document Number)
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SECRETARY OF STATE

1 5-8-01



July 7, 2011

ANTOINE LEOPOLD 2700 W. ATLANTIC BLVD STE 215 POMPANO BEACH, FL 33069

SUBJECT: BUILDING BETTER TOMORROWS FOR STUDENTS, INC.

Ref. Number: N09000006137

We have received your document for BUILDING BETTER TOMORROWS FOR STUDENTS, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document you submitted has been prepared pursuant to profit statutes (chapter 607, Florida Statutes). As the entity was originally filed as a nonprofit corporation, this document should be filed pursuant to chapter 617, Florida Statutes.

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6892.

Tina Roberts
Regulatory Specialist II

Letter Number: 611A00016173

HECEVED

11 SEP -8 PH I2: 47

SECRETARY OF SAIR

COVER LETTER

TO: Amendment Section Division of Corporations

Tallahassee, FL 32314

NAME OF CORP	oration: <u>Buildin</u>	g Better Tomorrow	s for Students, In
DOCUMENT NU	MBER: <u>N 0900</u>	0006137	·
The enclosed Article	es of Amendment and fee are su	bmitted for filing.	
Please return all cor	respondence concerning this ma	tter to the following:	
	LEUPOLD (Name o	f Contact Person)	
	(Firm	Nove n/Company)	
	2700 W. Atla	Address)	ite 215
<u></u>	Ompano Beach (City/Sta	H. 33069 ate and Zip Code)	
	LeoLese 02 @ E-mail address: (to be use	Yahoo . Lom ed for future annual report notificat	tion)
For further informat	ion concerning this matter, pleas	se call:	
Leopold An	e of Contact Person)	at (<u>954</u>) <u>589</u> (Area Code & Daytim	- 5658 e Telephone Number)
		payable to the Florida Department	
▼\$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)
Amo Divi	ding Address endment Section ision of Corporations Box 6327	Street Address Amendment Section Division of Corporation Clifton Building	

2661 Executive Center Circle

Tallahassee, FL 32301

u → · · · · · · · · · · · · · · · · · ·	<i>[</i> *•	
Articles of Amend	lment • / /	1/ _
to	SFO	15V
Articles of Incorpo	ration 75 8	`,0
of	ALLANTAS.	PH 3.
R'I' QUT.	ration ALLAHASST Students Inc. SEE the Florida Deptl of State	~ ° '6
Bulding Better Tomorrous For (Name of Corporation as currently filed with	the Florida Danta (State)	TOSTE
(Name of Corporation as currently fried with	the Florida Depti of State)	MIDA
<u> </u>	7	•
(Document Number of Corporat	ion (if known)	
Pursuant to the provisions of section 617.1006, Florida Statutes the following amendment(s) to its Articles of Incorporation:	, this Florida Not For Profit Corpor	vation adopts
A. If amending name, enter the new name of the corporatio	n:	
Q + $\frac{1}{2}$ Q + $\frac{1}{2}$		
The new name must be distinguishable and contain the word	inistries Inc.	
The new name must be distinguishable and contain the word abbreviation "Corp." or "Inc." "Company" or "Co." may not		or the
abbreviation Corp. or inc. Company or Co. may not		0.1
B. Enter new principal office address, if applicable:	2700 W. Albantic	Blud.
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	^	·
	Suite 215	,
	Pompano Beach H	. 33069
	Jungana isasari e 1	<u></u>
C. Enter new mailing address, if applicable:		00 1
(Mailing address <u>MAY BE A POST OFFICE BOX</u>)	2700 W. Atlantic	-Blod
	Suite 215	
	Pompano Beach H.	<u>33</u> 069
To 10 11 11 11 11 11 11 11 11 11 11 11 11		
D. If amending the registered agent and/or registered office new registered agent and/or the new registered office ade		e of the
new registered agent and/or the new registered office and	iress.	
Name of New Registered Agent: N/H		
W/a		
Non Registered Office Address: (Flow	da street address)	
New Registered Office Address: (Flori		. 4
<u> </u>	, Florida_ (City) (Zip Co	NH
, , ,	(City) (Zip Co	ide)
Now Degistered Agent's Signature if shouging Degistered	ant.	
New Registered Agent's Signature, if changing Registered A I hereby accept the appointment as registered agent. I amposition.	gent: familiar with and accept the oblige	itions of the
	WIN	
C:	Registered Agent, if changing	
signature of New	negisiereu Ageni, ij 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) **Type of Action Title** <u>Address</u> <u>Name</u> ☐ Add ☐ Remove ☐ Add ☐ Remove ☐ Add ☐ Remove E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific)

•	
The date of each amend	· · · · · · · · · · · · · · · · · · ·
Effective date <u>if applica</u>	(date of adoption is required)
Effective date <u>ir applica</u>	(no more than 90 days after amendment file date)
Adoption of Amendmen	at(s) (CHECK ONE)
The amendment(s) was/were sufficient fo	as/were adopted by the members and the number of votes cast for the amendment(s) r approval.
There are no member adopted by the board	rs or members entitled to vote on the amendment(s). The amendment(s) was/were of directors.
Dated_	June 18th, 2011
Signati	ire Mossell Antonio
-	(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)
	(Typed or printed name of person signing)
	President
	(Title of person signing)