## N09000009909

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Amend

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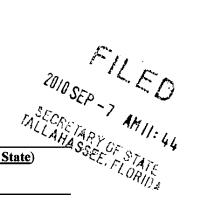
## COVER LETTER

**TO:** Amendment Section Division of Corporations

NAME OF CORPORA	TION: Congerors For Chr	ist Youth Foundation	
DOCUMENT NUMBE	R:N09000009909		
The enclosed Articles of	Amendment and fee are sul	omitted for filing.	
Please return all correspo	ndence concerning this mat	ter to the following:	
	Wilma Davilus		
-	(Name of	Contact Person)	
	(Fim	n/ Company)	
		SE 4th Place Address)	·
	`		
	_ <del> </del>	ral, Fl 33904 ite and Zip Code)	
	wilmadavilus@yahoo.co	om ed for future annual report notific	eation)
For further information co	oncerning this matter, pleas	e call:	
Wilma Davilus		at ( 239 ) 839-566	
(Name of C	Contact Person)	(Area Code & Dayti	me Telephone Number)
Enclosed is a check for the	ne following amount made p	payable to the Florida Departmen	nt of State:
	□ \$43.75 Filing Fee & Certificate of Status	□ \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	Specificate of Status Certificate Copy (Additional Copy is enclosed)
Division of	ent Section of Corporations	Street Address Amendment Section Division of Corporati Clifton Building	,
P.O. Box 6327 Tallahassee, FL 32314		2661 Executive Center	er Circle

Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of



Congerors For Christ Youth Foundation, INC

(Name of Corporation as currently filed with the Florida Dept. of State)

N0900009909
(Document Number of Corporation (if known)

Pursuant to the provisions of section 617.1006, Florida Statutes, this *Florida Not For Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

he new name must be distinguishable and contain the bbreviation "Corp." or "Inc." <u>"Company" or "Co." m</u>		
Enter new principal office address, if applicable:	1140 Lee Blvd Su	uite 105
Principal office address <u>MUST BE A STREET ADDRI</u>	<u>Lehigh Acres, Fl 3</u>	3971
. Enter new mailing address, if applicable:	DO Dou 7444	
(Mailing address <u>MAY BE A POST OFFICE B</u>	PO Box 7444 Fort Myers, Ft 339	11
If amending the registered agent and/or registered	office address in Florida	, enter the name of th
<u>Name of New Registered Agent:</u>	ce address:	
New Registered Office Address:	(Florida street address)	
		, Florida (Zip Code)

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.

Signature of New Registered 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)

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
<u>T</u>	Shanita Hardy	710 Anaconda Ave S. Lehigh Acres, Fl 33971	
<u>T</u>	Endy Dominique	3908 3rd St W Lehigh Acres, Fl 33971	Add Remove
E. If ame	nding or adding additional Article additional sheets, if necessary). (1	s, enter change(s) here: Be specific)	
		- Lian	
		<u>.</u>	
<del></del>			<u>.</u>

The date of each amendment(s) adoption	on: 09/01/2010
•	(date of adoption is required)
Effective date if applicable:	
(1	no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
☐ The amendment(s) was/were adopted was/were sufficient for approval.	by the members and the number of votes cast for the amendment(s)
There are no members or members er adopted by the board of directors.	ntitled to vote on the amendment(s). The amendment(s) was/were
Dated 09/01/2010	
Signature	
(By the chairm have not been	nan or vice chairman of the board, president or other officer-if directors selected, by an incorporator – if in the hands of a receiver, trustee, opointed fiduciary by that fiduciary)
	Wercidica Phillips (Typed or printed name of person signing)
	(Typed or printed name of person signing)
	President
	(Title of person signing)