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2021 AUG -6 PH I2: 38

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A. Butter

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: _	Southsia	le Commun	1,7×	Resource Center, Inc	
DOCUMENT NUMBER:	110000	002/18			
The enclosed Articles of Amendm	ent and fee are sub	mitted for filing.			
Please return all correspondence of	oncerning this matt	er to the following:			
		Allen Ellis (Name of Contact Per	01		
	·•	(Name of Contact Per	son)	• • • • • • • • • • • • • • • • • • • •	
		(Firm/ Company)	 -	<u> </u>	
P.O. BOX 9	185 A	von Park, (Address)	FL.	33824	
	Vicas 247	(City/ State and Zip C			
E-mail For further information concerning		·	ort notification	n)	
Allen Ellise	71	at	240	381-5683	
(Name	of Contact Person	(Area Code)	(Daytime Telephone Number)	
Enclosed is a check for the following	ng amount made p	ayable to the Florida D	epartment of	State:	
□ \$35 Filing Fee □\$4 Ce	3.75 Filing Fee & entificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	Certifi Certifi	O Filing Fee leate of Status led Copy dional Copy is used)	
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Street Address Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810			

Tallahassee, FL 32303

Articles of Amendment

to

Articles of Incorporation of

FILED

(Name of Corporation as currently filed with the I	Florida Dept. of	State)	2021 AUG -6	PM 12: 38
· · · · · · · · · · · · · · · · · · ·	0000			
		rporation (if known)	TALLAHA:	SSEE, FL
Pursuant to the provisions of section 617,1006, Floric imendment(s) to its Articles of Incorporation:	la Statutes, this I	Slorida Not For Profit	Corporation adopts	the following
A. If amending name, enter the new name of the c	orporation:			
		· · · · · · · · · · · · · · · · · · ·		The new
name must be distinguishable and contain the word ' "Company" or "Co." may not be used in the name.	'corporation" or	"incorporated" or the	e abbreviation "Corp	." or "Inc."
· · · · ·	L			
B. Enter new principal office address, if applicable (Principal office address MUST BE A STREET AD			· · · · · · · · · · · · · · · · · · ·	
				.
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	<u>OX</u>)			
				
If amending the registered agent and/or registered new registered agent and/or the new registered	ered office addre i office address:	ess in Florida, enter t	the name of the	
<u>Name of New Registered Agent:</u>				
-	_	(Florida stre	vet address)	
<u>New Registered Office Address:</u>				
<u>-</u>		. <u>. </u>	, Florida	
	(City)	(Zip Code)	
New Registered Agent's Signature, if changing Re I hereby accept the appointment as registered agent.	gistered Agent: I am familiar w	ith and accept the obl	igations of the positio	771.
_	Signature	of New Registered Ag	ent. if changing	

	•		
and address of each Office (Attach additional sheets, Please note the officer/dir P = President; V = Vice F	icer and/or Direct if necessary) rector title by the f. President; T= Trea - Chief Financial (irst letter of the office title: surer; S= Secretary; D= Director; TR= Tru Officer. If an officer/director holds more tha	stee; C = Chairman or Clerk; CEO = Chief
Changes should be noted a change. Mike Jones lea Mike Jones, V as Remove	ves the corporation	n, Sally Smith is named the V and S_{ℓ} These s_{ℓ}	PST and Mike Jones is listed as the V. There is hould be noted as John Doe, PT as a Change.
Example: X Change X Remove X Add	PT John De V Mike Je SV Sally Sr	ones	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change Add	<u> </u>	Tikia McRae	8.0. Box 985 Avon Park, FL. 33826
Remove 2) Change Add	VP	Ray Jones	P.O. Box 985 Avon Park, FL. 33824
Remove Change Add Remove	<u>S</u>	Carla Miller	P.O. Box 915 Avon Park, Fl. 33826
4) Change Add	<u>T</u>	Marite English	P.O. Box 985 Avon Park, Fl. 33826
Remove 5) Change Add	0_	Stephanic McQure	P.O. Box 985 Avon Park, Ft. 33824
Remove Change Add	_0	Alfad Williams	1.0. Box 985 Avon Park, FL 33824
Remove			

Vadd D Kogee Gray P.O. Box 985 Avon Park, FL 33824

Vadd D Take Eye Vassell P.O. Box 985 Avon Park, FL 33824

Vadd Asst. S Latoya Adkins P.O. Box 985 Avon Park, FL 33824

Vadd Asst. T Willie English P.O. Box 985 Avon Pork, FL 33824

E. If amending or adding additional Articles, enter change(s) here:

(attach additional sheets, if necessary). (Be specific)

			····		
	<u>-</u>				
				-	
	- ·		<u> </u>		
	_				
	- "				
				·	
					
	-,				
					
					
The date of each amendment(s) adoption: _ date this document was signed.	May	24, 2	021		_, if other than the
	Maria)/ 202	/		
Effective date <u>if applicable</u> : /no	more than 90 days	after amendm	ent file date)		
Note: 11 the date inserted in this block does not document's effective date on the Department of	ot meet the applica				e listed as the
Adoption of Amendment(s) (C	HECK ONE)				
☐ The amendment(s) was/were adopted by	the members and t	he number of v	otes cast for the a	amendment(s)	
was/were sufficient for approval.					

Signature

(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)

Allen Ellison

(Typed or printed name of person signing)

President

(Title of person signing)

There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were

adopted by the board of directors.