## F1001000017

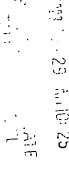
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Cadiliad Casina Cadification of Status
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
g characteristics





200414794682

08/29/23--01010--015 \*\*35.00





## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

I AM SOMEBODY FOUNDATION, INC NAME OF CORPORATION:	
N10000010017 DOCUMENT NUMBER:	
The enclosed Articles of Amendment and fee are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
JERMAINE ANGLIN	
(Name of Contact Person)	
I AM SOMEBODY FOUNDATION, INC	
(Firm/ Company)	
9507 NW 81st Mnr	
(Address)	
Tamarac, FL 33321	
(City/ State and Zip Code)	
jermaine@iamsomebody.org	
E-mail address: (to be used for future annual report notification)	<u>~</u> 5
For further information concerning this matter, please call:	17/3 ivis
JERMAINE ANGLIN 954 618-8424	
(Name of Contact Person) (Area Code) (Daytime Telephone Number	er)
Enclosed is a check for the following amount made payable to the Florida Department of State:	<u> </u>
■ \$35 Filing Fee □\$43.75 Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status (Additional copy is enclosed) □\$52.50 Filing Fee Certificate of Status (Certified Copy (Additional Copy is Enclosed)	

**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

## I AM SOMEBODY FOUNDATION, INC

(Name of Corporation as currently filed with the Flor	rida Dept. of State)		
N10000010017			
(Document N	Number of Corporation (i	f known)	
Pursuant to the provisions of section 617.1006, Florida Samendment(s) to its Articles of Incorporation:	Statutes, this Florida Not	For Profit Corporation adopt	s the following
A. If amending name, enter the new name of the corp	poration:		
			The new
name must be distinguishable and contain the word "con "Company" or "Co." may not be used in the name.	poration" or "incorpore	nted" or the abbreviation "Con	rp." or "Inc."
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDR	<u>(ESS</u> )		
	-		
			<del></del>
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX	)	<del>,,</del> ,	
D. If amending the registered agent and/or registered	d office address in Flori	da. enter the name of the	
new registered agent and/or the new registered of			101 101
Name of New Registered Agent:			
<del></del>		(Florida street address)	
New Registered Office Address:			· · · · · · · · · · · · · · · · · · ·
	(6):	, Florida	<u></u>
	(City)	(Zip Code	?)
New Registered Agent's Signature, if changing Regis I hereby accept the appointment as registered agent. I d		ept the obligations of the posit	ion.
	Signature of New Res	ristered 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)

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 X Add	PT         John D           V         Mike J           SV         Sally S	<u>ones</u>	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
l) Change Add	<u>s</u>	JAVVENE ANGLIN	9507 NW 81st MNR TAMARAC, FL 33321
× Remove			
2) Change Add	<del></del>	<del></del>	
Remove 3) Change Add Remove			-11.1 3 -17.1 H
4) Change Add			
Remove  5) Change Add			- 2: 5
Remove  δ) Change Add			
E. If amending or addin (attach additional shee		ticles, enter change(s) here: (Be specific)	

		<del></del>
	· · · · · · · · · · · · · · · · · · ·	
_		
		· · · · · · · · · · · · · · · · · · ·
	***************************************	
		···
	, 100 · 100	
		<del></del>
		.: 53
		23
		25.
		Ç.
		<u> </u>
		: <u>5</u>
		# P 22 12
		, E
The date of each amendment(s) adoption: date this document was signed.		, if other than the
Effective date if applicables		
(no me	ore than 90 days after amendment file date)	
	neet the applicable statutory filing requirements, this date	will not be listed as the
	ECK ONE)	
The amendment(s) was/were adopted by the was/were sufficient for approval.	members and the number of votes cast for the amendmen	ı(s)

	8/23/2023
Dated	
Signatu	re // e
v	(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)
	JERMAINE ANGLIN
	(Typed or printed name of person signing)

(Title of person signing)

2003 Kit. 25 Juild: 26