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| (Re | questor's Name) | |
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| (Cit | ty/State/Zip/Phone | e #) |
| PICK-UP | MAIT | MAIL |
| (Bu | isiness Entity Nar | ne) |
| (Do | ocument Number) | |
| Certified Copies | _ Certificates | s of Status |
| Special Instructions to | Filing Officer: | |
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COVER LETTER

TO: Amendment Section Division of Corporations

| NAME OF CORPORATION | A 1 FOUNDATION (| COMMUNITY DE | VELOPMENT, | CORP. |
|---------------------------------------|---|--|-----------------------|--|
| DOCUMENT NUMBER: | N1100000240 3 | | | |
| The enclosed Articles of Amen | ndment and fee are subm | itted for filing. | | |
| Please return all correspondence | ce concerning this matter | to the following: | | |
| EMMA LEE MARTIN | | | | |
| | (| Name of Contact P | 'erson) | |
| EARTH TONE FOUNDATIO | ON COMMUNITY DEV | ELOPMENT COR | PORATION | |
| | | (Firm/ Compan | у) | |
| 12864 BISCAYNE BLVD:#1 | 17 | | | |
| | - | (Address) | | |
| NORTH MIAMI, FL 33181 | | | | |
| - | (| City/ State and Zip | Code) | |
| earthtonefcdc@outlook.com | | | | |
| E-m | nail address: (to be used | for future annual re | port notification |) |
| For further information concern | ning this matter, please c | all: | | |
| EMMA LEE MARTIN | | at | 786 | 426-8704 |
| (N | ame of Contact Person) | | (Area Code) | (Daytime Telephone Number) |
| Enclosed is a check for the following | owing amount made pay | able to the Florida | Department of S | State: |
| □ \$35 Filing Fee □ | □\$43.75 Filing Fee & □ Certificate of Status | 3\$43.75 Filing Fee Certified Copy (Additional copy enclosed) | Certifi is Certifi | Filing Fee cate of Status ed Copy ional Copy is sed) |

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 of

| Α | 1 FC | DUNDA | VITION | COMM | UNITY | DEVEL | OPMENT. | CORP. |
|---|------|-------|---------------|------|-------|-------|---------|-------|
|---|------|-------|---------------|------|-------|-------|---------|-------|

| A I TOOMDATION COMMONITY DEVELOTING | altivi, coi | d. | | | | |
|---|--------------------------|---|----------------------------------|--|--|--|
| (Name of Corporation | as current | tly filed with the Florida Dept | . of State) | | | |
| N1100000240 3 | | | | | | |
| (Docum | nent Numbe | er of Corporation (if known) | | | | |
| Pursuant to the provisions of section 617.1006, Floamendment(s) to its Articles of Incorporation: | rida Statute | s, this <i>Florida Not For Profit C</i> | Corporation adopts the following | | | |
| A. If amending name, enter the new name of the | e corporati | on: | | | | |
| EARTH TONE FOUNDATION COMMUNITY E | DEVELOPN | MENT CORPORATION | The new | | | |
| name must be distinguishable and contain the word "Company" or "Co." may not be used in the name | | ion" or "incorporated" or the | | | | |
| B. Enter new principal office address, if applicable: | | 12864 BISCAYNE BLVD | | | | |
| | | #117 | | | | |
| | | NORTH MIAMI, FL 33181 | 7,00 | | | |
| C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) | | SAME AS ABOVE | ION 19 Pt | | | |
| D. If amending the registered agent and/or regis | utoned office | an address in Florida antar th | e name of the | | | |
| new registered agent and/or the new register | | | e name of the | | | |
| | | EE MARTIN | | | | |
| | 12864 BISCAYNE BLVD #117 | | | | | |
| | (Floridu street address) | | | | | |
| <u>New Registered Office Address:</u> NORTH N | | MIAMI | , Florida 33181 | | | |
| | | (City) | (Zip Code) | | | |
| New Registered Agent's Signature, if changing be I hereby accept the appointment as registered agen | | | ations of the position. | | | |
| _ | | anature of New Registered Age | ent 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: XChange X Remove X Add | <u>V</u> <u>Mi</u> | nn Doe ke Jones Ily Smith | |
|---------------------------------|--------------------|---------------------------------|-----------------------|
| Type of Action (Check One) | <u>Title</u> | <u>Name</u> | Address |
| 1)Change | PD | ARIAS, GUADALUPE | 2953 W 80 ST |
| Add | | | SUITE 203 |
| X Remove | | | HIALEAH, FL 33018 |
| 2) Change | S | LACHAPEL, LANIE | 2953 W 80 ST |
| Add | | | SUITE 203 |
| X Remove | | | HIALEAH, FL 33018 |
| 3) Change | D | ALEN, CARLOS | 2953 W 80 ST |
| Add | | | SUITE 203 |
| X Remove | | | HIALEAH, FL 33018 |
| 4) X Change | PTD | MARTIN, EMMA | 12864 BISCAYNE BLVD |
| Add | · | | #117 |
| Remove | | | NORTH MIAMI, FL 33181 |
| 5) Change | VD | LADI JENKINS | 12864 BISCAYNE BLVD |
| X Add | | | #117 |
| Remove | | | NORTH MIAMI, FL 33181 |
| 6) Change | S | SHAMART WILLIAMS | 12864 BISCAYNE BLVD |
| X Add | | | #117 |
| Remove | | | NORTH MIAMI, FL 33181 |
| | | | |

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 | <u>V</u> <u>Mik</u> | n <u>Doe</u> se <u>Jones</u> y <u>Smith</u> | |
|-----------------------------------|---------------------|---|-----------------------|
| Type of Action (Check One) | <u>Title</u> | Name | <u>Addres</u> s |
| 1) Change | D | TONDALAYO THOMAS | 12864 BISCAYNE BLVD |
| X Add | | · | #117 |
| Remove | | | NORTH MIAMI, FL 33181 |
| 2) Change | D | LESSIE RATCLIFF E | 12864 BISCAYNE BLVD |
| X Add | | | #117 |
| Remove | | | NORTH MIAMI, FL 33181 |
| 3) Change | D | PEARL GARDNER | 12864 BISCAYNE BLVD |
| X Add | | | #117 |
| Remove | | | NORTH MIAMI, FL 33181 |
| 4) Change | | | |
| Add | | | |
| Remove | | | |
| 5) Change | | | <u> </u> |
| Add | | | |
| Remove | | | |
| 6) Change | | | |
| Add | | | |
| Remove | | | |

| Guadalupe Arias resigning as president, director from A 1 Foundation Community Development Corp. due to personal | | | | | | |
|--|-----------------|-------------|-----------------|-------------|--|--|
| rsonal reasons. | Guadaluse Arias | | | | | |
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| • | 11/07/2018 | |
|---|--|---------------------|
| The date of each amendment(s) adoption: _ late this document was signed. | | , if other than the |
| Effective date <u>if applicable</u> : | | |
| (ne | o more than 90 days after amendment file date) | |
| Note: If the date inserted in this block does not document's effective date on the Department | not meet the applicable statutory filing requirements, this date will not State's records. | ot be listed as the |
| Adoption of Amendment(s) (Q | CHECK ONE) | |
| ☐ The amendment(s) was/were adopted by was/were sufficient for approval. | the members and the number of votes cast for the amendment(s) | |
| There are no members or members entitl adopted by the board of directors. | led to vote on the amendment(s). The amendment(s) was/were | |
| Dated | | |
| Signature <u>Cmma</u> | Lee Martin PTD | <u>-</u> |
| have not been selecte | ice chairman of the board, president or other officer-if directors ed, by an incorporator – if in the hands of a receiver, trustee, or if fiduciary by that fiduciary) | |
| EMMA LEE MA | RTIN | |
| | (Typed or printed name of person signing) | |
| PRESIDENT, TR | EASURY, DIRECTOR | |
| | (Title of person signing) | |