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| (Requ | estor's Name) | |
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| (Addre | ess) | |
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| PICK-UP | ☐ WAIT | MAIL |
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| (Docu | iment Number) | 1 |
| Certified Copies | Certificates | s of Status |
| Special Instructions to Fil | ling Officer: | |
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Office Use Only



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COVER LETTER

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TO: Amendment Section Division of Corporations NAME OF CORPORATION: IKANBER Community Center, Inc. DOCUMENT NUMBER: N1100000 6212 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Rebecca Clark-10US
(Name of Contact Person) ikanBmE Community Center Inc.
(Firm/Company) BOX 163824 Mami, FL 33116-3824 (City/ State and Zip Code) For further information concerning this matter, please call: Rebecca Clark-louis at 786, 447-1772

(Name of Contact Person)

(Area Code & Daytime Telephone Number) Enclosed is a check for the following amount made payable to the Florida Department of State: ■\$35 Filing Fee □\$43.75 Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy (Additional Copy is enclosed) Enclosed)

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

Articles of Incorporation

Of

IKANGME Community Center, The

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

NIIOOOOOU212

(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:

A. If amending name, enter the new name of the corporation:

| A. If amending name, enter the new name of the corporation | <u>on:</u> , (/ | |
|---|---|------------------|
| -Same - | $ ^{10}/A$ | The n |
| name must be distinguishable and contain the word "corporate "Company" or "Co." may not be used in the name. | ion" or "incorporated" or the abbrevi | |
| B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>) | - same- | -N/ |
| | | /A |
| C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) | P.O. BOX 1638 | 124 1 |
| | P.O. BOX 1638 Miami, FL 33 | 116-382 |
| | | ··· |
| D. If amending the registered agent and/or registered office new registered agent and/or the new registered office agent. | | of the |
| Name of New Registered Agent: Rebecc | a Clark-louis | S |
| | SA Street (Florida street address) | |
| New Registered Office Address: | | 331110 |
| (City) | 1 , Florida, | 33142_ de) |
| New Registered Agent's Signature, if changing Registered | Agent: | |
| I hereby accept the appointment as registered agent. I am fan | niliar with and accept the obligations. | of the position. |
| Signature of New Regist | ered Agent, if changing | |

Page 1 of 4

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 | ones | |
|----------------------------------|---|---------------------|--|
| Type of Action (Check One) | Title | <u>Name</u> | <u>Addres</u> s |
| 1) Change Add Remove | D | Aisha Adams | 3061 Stone Carriage Ci Apt. X Fayetteville, NC 28304 |
| 2) Change | PT | Rebecca Clare-louis | P.D. BOX 163824 Miami, FL 3316 |
| Remove 3) Change Add Remove | I | Geraldine Clark | P.D. BOX 163824 Miami, FL 3316 |
| 4) Change Add Remove | <u>C</u> | Levon Jones | P.D. BOX 163824 Miami, FL 33116 |
| 5) Change Add Remove | | Malcolm Elmore | P.D. BOX 11,3824 Miami, FL 33116- |
| 6) Change Add Remove | | Bernard L. Bridges | 1861 NW 86 Terrace Miami, Fr 33147 |

| E. If amending or adding additional Art (attach additional sheets, if necessary). | icles, enter change(s) here: (Be specific) | | |
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| The date of each amendment(s) adoption: 05/01/2013 |
|--|
| Effective date if applicable: 05/05/2013 |
| (no more than 90 days after amendment file date) |
| Adoption of Amendment(s) (CHECK ONE) |
| Adoption of Amendment(s) (CHECK ONE) |
| The amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s) was/were sufficient for approval. |
| There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors. |
| Dated $05/05/2013$ |
| 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) |
| |
| Rébecca Clark-Lauis |
| (Typed or printed name of person signing) |
| President |
| (Title of person signing) |