PPPF000011N

(Requestor's Name)
(izednesto) a manie)
(Address)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
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J. HORNE UEU 2 2 2023
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COVER LETTER

TO: Amendment Section Division of Corporations

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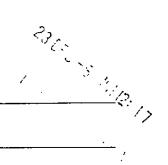
Global Business Solutions Institute, Inc. NAME OF CORPORATION:
N11000007994 DOCUMENT NUMBER:
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Leland T. Davis Jr.
(Name of Contact Person)
M4 Institute, Inc
(Firm/ Company)
4707 Ashtord Dunwoody Rd Unit 467632
(Address)
Atlanta, GA 31146
(City/ State and Zip Code)
tdavis@m4institute.org
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Leland Davis 850 5125919
(Name of Contact Person) at (Area Code) (Daytime Telephone Number)
Enclosed is a check for the following amount made payable to the Florida Department of State:
\$\Bigcup \\$35 Filing Fee \Bigcup \\$43.75 \text{ Filing Fee \Bigcup \\$52.50 \text{ Filing Fee \Bigcup \\$Certificate of Status \\ (Additional copy is enclosed) \Bigcup \\$(Additional Copy is \Bigcup \\$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



Global Business Solutions Institute, Inc.

Name of Corporation as currently filed with the Flo	rida Dept. of State)	
N11000007994		,
(Document)	Number of Corporation (if kno	nwo) .
Pursuant to the provisions of section 617.1006, Florida 9 amendment(s) to its Articles of Incorporation:	Statutes, this <i>Florida Not For</i>	Profit Corporation adopts the following
A. If amending name, enter the new name of the cor	poration:	
M4 Institute, Inc.		The new
name must be distinguishable and contain the word "co "Company" or "Co." may not be used in the name.	rporation" or "incorporated"	or the abbreviation "Corp." or "Inc."
B. Enter new principal office address, if applicable:	4583 Village Oaks Ct	
(Principal office address MUST BE A STREET ADDI	RESS) Dunwoody, GA 30338	3
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX	4707 Asford Dunwoo	dy Rd Unit 467632
· · · · · · · · · · · · · · · · · · ·	Atlanta, GA 31146	
D. If amending the registered agent and/or registere	ed office address in Florida,	enter the name of the
new registered agent and/or the new registered o		
Name of New Registered Agent:	4	
·	(Fle	orida street address)
New Registered Office Address:	(2.1)	-
N/A	4	. Florida
_	(City)	(Zip Code)
New Registered Agent's Signature, if changing Regi- I hereby accept the appointment as registered agent.	stered Agent: Tam familiar with and accept	the obligations of the position.
	Signature of New Registo	ered 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	<u>PT</u> <u>V</u> <u>SV</u>	John Doc Mike Jones Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
Change Add			
Remove			
2) Change Add			
Remove 3) Remove Add Remove			
4) Change Add			
Remove			
5) Change Add			
Remove			
6) Change Add			
Remove			
(attach additional she		onal Articles, enter change(s) here: essary). (Be specific)	
N/A			
	_		

		
	-	
		
		
		
		
		_
The date of each amendment(s) adoption:		j if other than the
date this document was signed.		
Effective date if applicable:	o more than 90 days after amendment file date)	
Note: If the date inserted in this block does document's effective date on the Departmen	not meet the applicable statutory filing requirements, this date will not let of State's records.	oe listed as the
Adoption of Amendment(s)	CHECK ONE)	
☐ The amendment(s) was/were adopted b was/were sufficient for approval.	y the members and the number of votes east for the amendment(s)	

Dated	11/28/2023
-	2017 Dani
Signatur	(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)
	Leland T. Davis, Jr.
	(Typed or printed name of person signing)
	(Typed or printed name of person signing) Executive Director/Treasurer

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION	Global Business Solu ON:	tions Institute, Inc.		
DOCUMENT NUMBER:	N11000007994			
		·		
The enclosed Articles of Am	endment and fee are subm	nitted for filing.		
Please return all corresponde	ence concerning this matte	r to the following:		
Leland T. Davis Jr.				
	-	(Name of Contact Pe	rson)	
M4 Institute, Inc				
		(Firm/ Company)	-
4707 Ashford Dunwoody R	d Unit 467632			
		(Address)		
Atlanta, GA 31146				
	1	(City/ State and Zip (Code)	
tdavis@m4institute.org				
E	-mail address: (to be used	for future annual rep	ort notification	1)
For further information cond	erning this matter, please	call:		
Leland Davis		at	850	5125919
***	(Name of Contact Person)			(Daytime Telephone Number)
Enclosed is a check for the f	ollowing amount made pa	yable to the Florida I	Department of 3	State:
□ \$35 Filing Fee	□\$43.75 Filing Fee & ! Certificate of Status	S43.75 Filing Fee of Certified Copy (Additional copy is enclosed)	Certifi Certifi	Filing Fee cate of Status ed Copy ional Copy is sed)
Mailing A	ddress	Str	eet Address	

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

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