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PICK-UP	WAIT	MAIL
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(Docu	ıment Number)	
Certified Copies	Certificates	s of Status
Special Instructions to Fi	ling Officer:	





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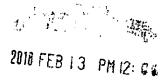
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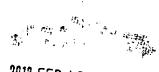
COVER LETTER

TO: Amendment Section Division of Corporations



NAME OF CORPORATION: Jonathan Spil	kes Foundation, Inc.
DOCUMENT NUMBER: N11000010735	
The enclosed Articles of Amendment and fee	are submitted for filing.
Please return all correspondence concerning th	is matter to the following:
Jonathan Spikes	
	(Name of Contact Person)
Jonathan Spikes Foundation, Inc.	
The state of the s	(Firm/ Company)
8560 N Sherman Circle, Apt 408	
	(Address)
Miramar, FL 33025	
	(City/ State and Zip Code)
jonathan@affirmingyouth.org	
E-mail address: (to	be used for future annual report notification)
For further information concerning this matter	, please call:
Jonathan Spikes	305 230 4598
(Name of Contact	
Enclosed is a check for the following amount	made payable to the Florida Department of State:
□ \$35 Filing Fee ■\$43.75 Filing Certificate of	Status Status Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is Enclosed) Enclosed) Status Certified Copy (Additional Copy is Enclosed) Enclosed Certified Copy Cer
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



onathan Spikes Foundation, Inc.

2018 FEB 13 PH 12: C%

Jonathan Spikes Foundation, Inc.	i	
(Name of Corporation 2	s current	ly filed with the Florida Dept. of State)
N11000010735		
(Docume	nt Numbe	r of Corporation (if known)
Pursuant to the provisions of section 617.1006, Florid amendment(s) to its Articles of Incorporation:	a Statutes	s, this Florida Not For Profit Corporation adopts the following
A. If amending name, enter the new name of the c	orporatio	<u> Նու</u>
Affirming Youth Foundation, Inc.		The new
name must be distinguishable and contain the word ' "Company" or "Co." may not be used in the name,	corporati	on" or "incorporated" or the abbreviation "Corp." or "Inc."
B. Enter new principal office address, if applicabl	e:	150 NW 79 Street, Suite 342
(Principal office address MUST BE A STREET AD	DRESS)	Mizmi, FL 33150
C. Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE B	<u>2X</u>)	<u> </u>
D. If amending the registered agent and/or registered agent and/or the new registered agent and/or the new registered.		
Name of New Registered Agent:		
New Registered Office Address:	(Florida street address)	
		[Ct
7		
Navy Decisioned Assess Simulation (S. b	_!	A4.
New Repistered Agent's Signature, if changing Re I hereby accept the appointment as registered agent.		
	Si	gnature of New Registered Agent, if changing
	i	

address of each Officer of (Attach additional sheets, Please note the officer/dir P = President; V = Vice P Executive Officer; CFO = held. President, Treasurer	and/or Di if necess rector title resident; Chief Fi r, Directo	irector being add ary) e by the first letter T= Treasurer; S= inancial Officer. ! or would be PTD.	ed: of the office title: Secretary; D= Director; TR= Trust Jan officer/director holds more than	rector being removed and title, name, and ee; C = Chairman or Clerk; CEO = Chief one title, list the first letter of each office
Changes should be noted a change, Mike Jones lea Mike Jones, V as Remove	ves the co	orporation, Sally S	mith is named the V and S. These sho	T and Mike Jones is listed as the V. There is ould be noted as John Doe, PT as a Change,
Example: X Change X Remove X Add	<u>PT</u> <u>V</u> <u>\$V</u>	John Doe Mike Jones Sally Smith		
Type of Action (Check One)	<u>Title</u>	Name		Address
1) Change Add Remove		_		
2) Change Add		-		
Remove 3)ChangeAdd	 ,	-		
Remove 4) Change Add				
Remove Change Add				
Remove 6) Change Add	~ <u> </u>			

_ Remove

.If amending or adding additional Art (attach additional sheets, if necessary).	(Be specific)				
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Page 3 of 4

The date of each amendment(s) adoption: date this document was signed.	TX 1, 2016	if other than the
Effective date if applicable: (no more	than 90 days after amendment file date)	<u>-</u>
Note: If the date inserted in this block does not mee document's effective date on the Department of State	t the applicable statutory filing requirements, this date will not be's records.	e listed as the
Adoption of Amendment(s) (CHECK	KONE	
The amendment(s) was/were adopted by the me was/were sufficient for approval.	embers and the number of votes cast for the amendment(s)	
Dated Signature (By the chairmen of vice cha	Innah of the board, president or other officer-if directors in incorporator in in the hands of a receiver, trustee, or ary by that fiduciary)	_
(Typed or printed name of person signing)	
Director		
	(Title of person signing)	