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## **COVER LETTER**

TO: Amendment Section :
Division of Corporations

NAME OF CORPORATION	<sub>on:</sub> Williams, M	Mitchell Sc	holarship Fund, INC
DOCUMENT NUMBER:	N12000002	135	
The enclosed Articles of Am	endment and fee are subn	nitted for filing.	
Please return all corresponde	ence concerning this matte	r to the following:	
Willie William	าร	•	
		(Name of Contact Per	rson)
		(Firm/ Company)	
5218 Fletche	er St		
		(Address)	
Hollywood, F	L 33021		
		(City/ State and Zip C	ode)
psmith	11912@com	ncast.net	
E	-mail address: (to be used	for future annual repo	ort notification)
For further information conc	erning this matter, please	call:	
Willie William	ns	<sub>at</sub> 954	290-5305 Code & Daytime Telephone Number)
(Name of Contact Person)		(Area	Code & Daytime Telephone Number)
Enclosed is a check for the fo	ollowing amount made pay	yable to the Florida D	epartment of State:
\$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status		Certificate of Status
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Amo Divi Clif 266	eet Address endment Section ision of Corporations ton Building 1 Executive Center Circle ahassee, FL 32301

## **Articles of Amendment** Articles of Incorporation of

(Name of Corporation as currently file	d with the Florida	Dept. of State)	
N12000002135			
(Document Num	ber of Corporation	if known)	
Pursuant to the provisions of section 617.1006, amendment(s) to its Articles of Incorporation:	Florida Statutes, this	Florida Not For Profit Corporation adopts the	following
A. If amending name, enter the new name of	the corporation:		
NA			The new
name must be distinguishable and contain the w "Company" or "Co." may not be used in the n	ame.	or "incorporated" or the abbreviation "Corp." o	
B. Enter new principal office address, if app	licable: NA		
Principal office address <u>MUST BE A STREE</u>			
	<del></del>		
	<u></u>		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)	CE BOX	<b>\</b>	
<ol> <li>If amending the registered agent and/or r new registered agent and/or the new registered.</li> </ol>			
Name of New Registered Agent: NA			
New Registered Office Address:	(Florid	a street address)	
		, Florida	
	(City)	(Zip Code)	
New Registered Agent's Signature, if changir hereby accept the appointment as registered a	n <mark>g Registered Agen</mark> gent. I am familiar	: with and accept the obligations of the position.	ALL MINS
Signature	of New Registered	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.

X Change	<u>PT</u>	John Doe	
X Remove	У	Mike Jones	•
X Add	<u>\$V</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change Add Remove	<u>†</u>	Cathy Curry	1002 SW 8th St Hallandale Beach, FL 33009
2) Change Add Remove	D	Glendora Clayton	504 NW 7 CT Hallandale Beach, FL 33009
3 ) Change Add Remove	D	Lonetta Lewis	705 NW 10 CT Hallandale Beach, Ft 33009
4) Change Add Remove	D	Sandra Aikins	2860 Somerset Drive Lauderdale Lakes, FL 33311
5) Change Add Remove	Ţ	Dorthy Harris	4001 SW 20 St Apt 1 West Park, FL 33023
6) Change Add Remove			

L. If amending or adding additional Artical (attach additional sheets, if necessary).	(Be specific)			•	
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The date of each amendment(s) adoption:		
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file date)	
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were adwas/were sufficient for approval	opted by the members and the number of votes cast for the amendment(s)	
There are no members or membadopted by the board of directo	ers entitled to vote on the amendment(s). The amendment(s) was/were rs.	
X Signature Wil	Ce A William	
(By the chairs have not bee	nan or vice chairman of the board, president or other officer-if directors n selected, by an incorporator – if in the hands of a receiver, trustee, or ppointed fiduciary by that fiduciary)	
Willie	A. WILLAMS	
	(Typed or printed name of person signing)	
PRESIDE	, N+	
	(Title of person signing)	