## N130000000872

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DIVISION OF CORPORATIONS

MAR 2 8 2016 C LEWIS

## **COVER LETTER**

TO: Amendment Section
Division of Corporations

DADE LACROS NAME OF CORPORATION:	SSE, INC.		
N1300000872			
The enclosed Articles of Amendment and fee are	submitted for filing.		
Please return all correspondence concerning this m	natter to the following:		
CHAZZ WOODSON			
	(Name of Contact P	'erson)	
DADE LACROSSE, INC.			
	(Firm/ Compan	y)	
530 SW 10TH STREET UNIT I			
	(Address)		
MIAMI, FL 33130			
	(City/ State and Zip	Code)	, <u> </u>
INSPIREONEMORE@gmail.com			
E-mail address: (to be u	ised for future annual re	port notification	1)
For further information concerning this matter, ple	ase call:		
Chazz Woodson	ន	786	897-3050
(Name of Contact Per	·· · · · · · · · · · · · · · · · · · ·		(Daytime Telephone Number)
Enclosed is a check for the following amount made	e payable to the Florida	Department of	State:
\$35 Filing Fee  \$43.75 Filing Fee Certificate of State		Certif is Certif	0 Filing Fee icate of Status ied Copy tional Copy is osed)
Mailing Address		reet Address	
Amendment Section Division of Corporations		mendment Secti	

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

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of

,



DADE LACROSSE, INC.	<u> </u>	16 MAR 21 PM
(Name of Corporation as cur	rently filed with the Flo	orida Dept. of State)
N13000000872		
(Document No	umber of Corporation (if	known)
Pursuant to the provisions of section 617.1006, Florida Statemendment(s) to its Articles of Incorporation:	atutes, this <i>Florida Not F</i>	For Profit Corporation adopts the following
A. If amending name, enter the new name of the corpo	ration:	
SANKOFA LACROSSE FOUNDATION, INC.		The new
name must be distinguishable and contain the word "corp" (Company" or "Co." may not be used in the name.	oration" or "incorporate	ed" or the abbreviation "Corp." or "Inc."
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRE</u>	<u>(SS</u> )	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
D. If amending the registered agent and/or registered onew registered agent and/or the new registered offi		a, enter the name of the
Name of New Registered Agent:		
New Registered Office Address:	(.	Florida street address)
		, Florida
	(City)	, Florida (Zip Code)
New Registered Agent's Signature, if changing Registe I hereby accept the appointment as registered agent. I an		ot the obligations of the position.
	C'	stored 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	PT V SV	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) Change			
Add			
Remove			<del></del>
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

f amending or adding additional Art attach additional sheets, if necessary).	(Be specific)					
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		·······	 			

		ndment(s) adoption:	, if other than th
date	this document was	signed.	
Effe	ective date <u>if appli</u>	cable:	
		(no more than 90 days after amendment file date)	
		ed in this block does not meet the applicable statutory filing requirements, this date will not ate on the Department of State's records.	be listed as the
Ado	option of Amendm	ent(s) ( <u>CHECK ONE</u> )	
	The amendment(s was/were sufficier	) was/were adopted by the members and the number of votes cast for the amendment(s) at for approval.	
	There are no mem adopted by the bo	bers or members entitled to vote on the amendment(s). The amendment(s) was/were ard of directors.	<u>o</u>
	Dated	3/07/2016	16 HAR
	Signature	(By the chairman or vice chairman of the board, president or other officer-if directors	RYOF S
		have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)	STATE STATE
		CHAZZ WOODSON	<del>-</del>
		(Typed or printed name of person signing)	
		DIRECTOR-PRESIDENT/CO-FOUNDER	
		(Title of person signing)	