N1300000 5135

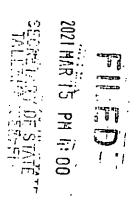
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PICK-UP	WAIT	MAIL
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A Ritter

COVER LETTER

TO: Amendment Section Division of Corporations

INSTITUTE FOR F. NAME OF CORPORATION:	AMILY CONNECTIONS INC.
N13000005135	
The enclosed Articles of Amendment and fee are sub-	mitted for filing.
Please return all correspondence concerning this matter	er to the following:
AMANDA EAGLE	
	(Name of Contact Person)
INSTITUTE FOR FAMILY CONNECTIONS INC	
	(Firm/ Company)
8245 CRESSIDA COURT	
	(Address)
LAND O LAKES FL 34637	
	(City/ State and Zip Code)
IFCONNECT3602GMAIL.COM	
E-mail address: (to be used	I for future annual report notification)
For further information concerning this matter, please	call:
AMANDA EAGLE	813 857-2863
(Name of Contact Person	
Enclosed is a check for the following amount made pa	ayable to the Florida Department of State:
■ \$35 Filing Fee □\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & □\$52.50 Filing Fee Certified Copy (Additional copy is enclosed) □\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is Enclosed)

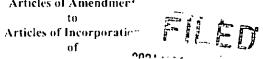
Mailing Address

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



INSTITUTE FOR FAMILY CONNECTIONS INC.		2021 HAR 15	DM: 1
Name of Corporation as currently filed with the Florid	da Dept. of Stat	m gere-	— <u>r-u-4-00</u>
N13000005135		SECRETARY	OF STATE
(Document Nu	amber of Corpor	ation (if known)	OCE, IE
Pursuant to the provisions of section 617,1006, Florida Stamendment(s) to its Articles of Incorporation:	atutes, this <i>Flori</i>	da Not For Profit (Corporation adopts the following
A. If amending name, enter the new name of the corpo	orațion:		
name must be distinguishable and contain the word "corp "Company" or "Co." may not be used in the name.	oration" or "inc	corporated" or the	abbreviation "Corp." or "Inc."
B. <u>Enter new principal office address, if applicable:</u> (Principal office address <u>MUST BE A STREET ADDRE</u>	<u>ESS</u>)		
	 		
			<u></u>
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)			
<i>i</i>			
D. If amending the registered agent and/or registered		n Florida, enter th	e name of the
new registered agent and/or the new registered offi	ice address:		
Name of New/Registered Agent:			
/			
New Registered Office Address:		(Florida street	address)
New Registered Office Madress.	,		
			, Florida
	(City)		(Zip Code)
New Registered Agent's Signature, if changing Registe the hereby accept the appointment as registered agent. I am		nd accept the oblig	ations of the position.

	Signature of N	lew Registered Age.	nt, 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		Doe Jones Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change Add	D	ANGEL GREENE	589 Little River Loop Apt. 182
Remove			Altamonte Springs Fl 32714
2) Change Add			
Remove 3) Change Add Remove			
4) Change Add			
Remove			
5) Change Add			
Remove			
6) Change Add			
Remove			
E. If amending or addin (attach additional shee		rticles, enter change(s) here:). (Be specific)	
			

The date of each amendment(s) adoption: 1972/9/2020	" ,	
Effective date if applicable: (no more than 90 days after amendment file date) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.		
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(no more than 90 days after amendment file date) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.	date this document was signed.	
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document's effective date on the Department of State's records.	(no more than 90 days after amenament fite date)	
Adoption of Amendment(s) (<u>CHECK ONE</u>)	<u>Note:</u> If the date inserted in this block does not meet the applicable statutory filing requirements, this date document's effective date on the Department of State's records.	will not be listed as the
	Adoption of Amendment(s) (CHECK ONE)	

■ The amendment(s) was/were adopted by the members and the number of votes east for the amendment(s)

was/were sufficient for approval.

Dated	03/10/2021
Signatu	re Mani Mush
	(By the shairman of 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)
	Marie Mason
	Marie Mason