## N13000007872

(R€	equestor's Name)	
(Ac	idress)	<del> </del>
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(Ci	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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## FLORIDA DEPARTMENT OF STATE Division of Corporations

November 6, 2015

JOSEPH FASCIGLIONE / ALLIANCE FINANCIAL SERVICES 2101 VISTA PARKWAY, SUITE 122 WEST PALM BEACH, FL 33411 US

SUBJECT: SAVE THE AFRICAN AMERICAN YOUTH, INC.

Ref. Number: N13000007872

We have received your document for SAVE THE AFRICAN AMERICAN YOUTH, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document you submitted has been prepared pursuant to profit statutes (chapter 607, Florida Statutes). As the entity was originally filed as a nonprofit corporation, this document should be filed pursuant to chapter 617, Florida Statutes.

We are enclosing the proper form(s) with instructions for your convenience.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Letter Number: 515A00023531

Carolyn Lewis
Regulatory Specialist II

www.sunbiz.org

## **COVER LETTER**

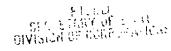
**TO:** Amendment Section Division of Corporations

NAME OF CORPOR	ATION: Save the African A	merican Youth, Inc	
DOCUMENT NUMB	N13000007872		
The enclosed Articles of	of Amendment and fee are su	bmitted for filing.	
Please return all correspondent	pondence concerning this ma	tter to the following:	
	Joseph Fasciglione		
-		Name of Contact Person	1
	Alliance Financial Services		
-		Firm/ Company	West to the day of the
:	2101 Vista Parkway, Suite 12	22	
-		Address	
,	West Palm Beach, FL 33411		
<u>.</u>		City/ State and Zip Code	3
joe.all	iancefinancial@gmail.com		
<del></del>	E-mail address; (to be us	sed for future annual report	notification)
For further information	concerning this matter, pleas	se call:	
Joseph Fascigllione		at ( 561	939-4898
Name o	f Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for	the following amount made	payable to the Florida Depa	ortment of State:
■ \$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	☐\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Ame Divis P.O.	ing Address Indiment Section Ission of Corporations Box 6327 Ishassee, FL 32314	Ameno Divisio Clifton	Address Iment Section on of Corporations Building Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

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SAVE THE AFRICAN AMERICAN YOUTH, INC.		
(Name of Corporation as cu	arrently filed with the Flo	rida Dept, of State)
N13000007872		
. (Document )	Number of Corporation (if	known)
ursuant to the provisions of section 617.1006, Florida S mendment(s) to its Articles of Incorporation:	tatutes, this Florida Not F	For Profit Corporation adopts the following
. If amending name, enter the new name of the corp	ooration:	
		The new
ame must be distinguishable and contain the word "cor Company" or "Co." may not be used in the name.	poration" 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 ADDR</u>	<u>ESS</u> )	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
<ul> <li>If amending the registered agent and/or registered new registered agent and/or the new registered of</li> </ul>	l office address in Florids Kee address:	a, enter the name of the
Name of New Registered Agent:		
		Florida street address)
New Registered Office Address:	, <b>-</b>	
		Florida
	(City)	, Florida (Zip Code)
ew Registered Agent's Signature, if changing Regist hereby accept the appointment as registered agent. I a	tered Agent:	of the obligations of the position.
	Signature of New Regi	stered 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:

5619394897

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	<u>PT</u>	<u>John Doe</u>	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>SV</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1)Change	ST	Joseph Anderson	331 West 16th Way
Add			Riviera Beach, FL 33404
X Remove			
2) Change	DST	Delroy Foster	1621 Avenue H West
X Add			Riviera Beach, FL 33404
Remove			
3) Change			
Add			
Remove			
4)Change	<u></u>		
Add			
Remove			
5) Change	<u></u> ,		
Add			
Remove			
6)Change			
Add			
Remove			

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tach addition	r <u>adding addition</u> aal sheets, if neces	sary). (Be spec	ific)			
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5619394897 October 26, 2015 The date of each amendment(s) adoption: if other than the date this document was signed. Effective date if applicable: (no more than 90 days after amendment file date) 15 NOV 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. Adoption of Amendment(s) (CHECK ONE) The amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s) was/were sufficient for approval. There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors. October 30, 2015 Dated Signature (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) Claudius L. Nalls

(Typed or printed name of person signing)

(Title of person signing)

President