N1300008007

(Re	questor's Name)			
(Ad	dress)			
(Ad	dress)			
(City/State/Zip/Phone #)				
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13 DEC -6 PH 4: 10

SECRETARY OF STATE
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COVER LETTER

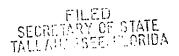
TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: PROJECT FF	RIENDS & FAMI	Y REUNION, INC.	
DOCUMENT NUMBER: N1300008	007		
The enclosed Articles of Amendment and fee are sub-	mitted for filing.		
Please return all correspondence concerning this matter	er to the following:		
BEVERLY WILLIAMS			
	(Name of Contact Person	n)	
	(Firm/ Company)		
2419 NW 81 TER			
	(Address)		
MIAMI, FL 33147			
	(City/ State and Zip Cod	e)	
TAXNALL@AOL.	COM		
E-mail address: (to be used	for future annual report	notification)	
For further information concerning this matter, please	call:		
BEVERLY WILLIAMS	at (305	6965161	
(Name of Contact Person)	(Area Co	ode & Daytime Telephone Number)	
Enclosed is a check for the following amount made pa	yable to the Florida Depa	artment of State:	
\$35 Filing Fee \$\text{\$\subset\$\$\$ \$\text{\$\subset\$}\$\$ \$\text{\$\subset\$\$\$ Certificate of Status}\$\$	**S\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is Enclosed)	
Mailing Address		Address	
Amendment Section Division of Corporations	Amendment Section Division of Corporations		

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



PROJECT FRIENDS & FAMILY REUNION, INC.	13 DEC - 6 PH 4: 10
(Name of Corporation as currently filed with the Florida Dept. of State)	
N1300008007	
(Document Number of Corporation (if known)	

(Document Number of Corporation (if known)	
ursuant to the provisions of section 617.1006, Florida Statutes, this <i>Florida Not For Profit Corporation</i> adopts the followendment(s) to its Articles of Incorporation:	wing
. If amending name, enter the new name of the corporation:	
IBERTY SQUARE PROJECT FRIENDS & FAMILY REUNION, INC.	new
ame must be distinguishable and contain the word "corporation" or "incorporated" or the abbreviation "Corp." or "In Company" or "Co." may not be used in the name.	
. Enter new principal office address, if applicable: Principal office address MUST BE A STREET ADDRESS)	
. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:	
Name of New Registered Agent:	
(Florida street address) New Registered Office Address:	
,	
, Florida	_
(Elp Code)	
w Registered Agent's Signature, if changing Registered Agent: thereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.	
City CN Date I de la City I	

Signature of New Registered 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	<u>PT</u> <u>V</u> <u>SV</u>	John Do Mike Jo Sally Sr	<u>nes</u>	
Type of Action (Check One)	<u>Title</u>		Name	Address
1) Change		_		
Add				
Remove				
2) Change		_		
Add				
Remove				
3) Change				
Add				
Remove				
4) Change		- -		
Add				
Remove				
5) Change				
Add				
Remove				
6) Change		_		
Add				
Remove				

. If amending or adding additional Arti (attach additional Sheets, if necessary).	(Be specific)

	e date of each amendment(s) adoption:	, if other than the
Effe	ective date <u>if applicable</u> :	_
	(no more than 90 days after amendment file date)	
Ado	option of Amendment(s) (<u>CHECK ONE</u>)	
	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.	
	Dated $12 - 3 - 200/3$	
	Dated 12-3-20013 Signature Phillip B Walker Loc.	
	(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)	
	PHILLIP B. WALKER, SR.	
	(Typed or printed name of person signing) TRUSTEE	
	(Title of person signing)	