N130000005152

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March 25, 2022

MARTINS I. IMUDIA 201 EAST KENNEDY BLVD SUITE 1612 TAMPA, FL 33602

SUBJECT: CLIFFORD OJERIAKHI IMUDIA MEMORIAL FOUNDATION, INC.

Ref. Number: N13000008152

We have received your document and check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The date of signing cannot be prior to the date of adoption.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

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

Querida R Silas Regulatory Specialist II

Letter Number: 522A00007028

2022 APR -7 AM 8: C SECTION AND SECTION AN

NE NE

COVER LETTER

TO: Amendment Section Division of Corporations

Tallahassee, FL 32314

NAME OF CORPORATION: CLIFFORD OJERIA	AKHI IMUDIA MEN	ORIAL FOUN	IDATION, INC.
N13000008152			
		•	
The enclosed Articles of Amendment and fee are sub	mitted for filing.		
Please return all correspondence concerning this matt	er to the following:		
Martins I. Imudia. PhD			
	(Name of Contact Pe	erson)	
CLIFFORD OJERIAKHI IMUDIA MEMORIAL FO	DUNDATION, INC.		
***	(Firm/ Company	;)	
201 East Kennedy Blvd., Suite 1612			
	(Address)		
Tampa, Florida 33602			
	(City/ State and Zip	Code)	
martins@imudia.com			
E-mail address: (to be use	d for future annual rep	ort notification	n)
For further information concerning this matter, please	e call:		
Martins I. Imudia, PhD	ลเ	504	3389004
(Name of Contact Person		(Arca Code)	(Daytime Telephone Number)
Enclosed is a check for the following amount made p	ayable to the Florida	Department of	State:
☐ \$35 Filing Fee ■\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee Certified Copy (Additional copy i enclosed)	Certifi s Certifi	Filing Fee cate of Status ed Copy tional Copy is sed)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327	Ar Di	reet Address nendment Secti vision of Corpo ne Centre of T	orations

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation

FILED

CLIFFORD OJERIAKHI IMUDIA MEMORIAL FOUNDATION, INC.

2022 APR -7 PM 5: 33

(Name of Corporation as currently filed with the Florida Dept. of State)

N13000008152

SECRETARY OF STATE
TALLAHASSEF, FI

	Wervill !
(Document Nu	umber of Corporation (if known)
Pursuant to the provisions of section 617,1006, Florida Stamendment(s) to its Articles of Incorporation:	tatutes, this Florida Not For Profit Corporation adopts the following
A. If amending name, enter the new name of the corpo	oration:
IMUDIA FOUNDATION, INC.	The nev
name must be distinguishable and contain the word "corp "Company" or "Co," may not be used in the name.	poration" or "incorporated" or the abbreviation "Corp." or "Inc."
B. Enter new principal office address, if applicable:	N/A
Principal office address MUST BE A STREET ADDRE	ESS)
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A
(Studing uturess SEAT BE A TOST OFFICE BOX)	
	· · · · · · · · · · · · · · · · · · ·
D. If amending the registered agent and/or registered	
new registered agent and/or the new registered offi	ice address:
Name of New Registered Agent: N/A	<u> </u>
New Registered Office Address:	(Florida street address)
New Negisterea Office Address.	
	Florida
	(City) (Zip Code)
New Registered Agent's Signature, if changing Registe Thereby accept the appointment as registered agent. I ar	ered Agent: m familiar with and accept the obligations of the position.
	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	PT V SV	John Doe Mike Jones Sally Smith		
Type of Action (Check One)	<u>Title</u>	<u>Name</u>		<u>Addres</u> s
1) N/A Change Add	N/A	N/A		<u>N/A</u>
Remove				
2) Change Add				·
Remove 3) Remove — Add — Remove				
4) Change Add				
Remove				
5) Change Add				
Remove				
6) Change Add				
Remove				
E. If amending or addin (attach additional shee				
<u>N/A</u>				
			· ·	

		
		
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The date of each amendment(s) adoption:	1/1/2022	, if other than the
date this document was signed.		If other than the
Effective date if applicable: 1/1/2022		
(1	no more than 90 days after amendment file date)	
Note: If the date inserted in this block does document's effective date on the Departmen	not meet the applicable statutory filing requirements, this date will not of State's records.	not be listed as the
Adoption of Amendment(s) ((CHECK ONE)	
☐ The amendment(s) was/were adopted by was/were sufficient for approval.	by the members and the number of votes east for the amendment(s)	

Dated	4/5/2022
	and the same of th
Signatu	
	(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)
	Martins I. Imudia, PhD
	(Typed or printed name of person signing)