N13000009244

| (Requestor's Name) |
|---|
| (Address) |
| (Address) |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| (Document Number) |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
| |
| |
| |
| |

Office Use Only



400343837414

05/04/20--01014--027 **35.00

S TALLENT MAY 2 1 2920

2020 HÁY -4 PH 2: 17

Mural March

COVER LETTER

| TO: Amendment Section- Division of Corporations | • • | . , | | |
|--|-----------------------------------|----------------------------------|--|-------------|
| * | y Foundation, Inc. | | | |
| DOCUMENT NUMBER: N13000009244 | | | | |
| The enclosed Articles of Amendment and fee are | e submitted for filing. | | | |
| Please return all correspondence concerning this | matter to the following: | | | |
| Rocco Sampson Napolitano | | | | |
| | (Name of Contact Person) |) | | |
| Inmate Literacy Foundation, Inc. | | | | |
| | (Firm/ Company) | | | |
| 5447 SW 24th Ave | | | | |
| | (Address) | | | |
| Ft. Lauderdale, FL 33312 | | | | |
| | (City/ State and Zip Code) | :) | | |
| inmateliteracyfoundation@gmail.com | | | | |
| E-mail address: (to be | e used for future annual report n | otification |) | |
| For further information concerning this matter, p | olease call: | | | |
| Rocco Sampson Napolitano | 954 at | | 8126734 | |
| (Name of Contact P | | ea Code) | (Daytime Telephone Number | er) |
| Enclosed is a check for the following amount ma | ade payable to the Florida Depar | rtment of S | State: | |
| ■ \$35 Filing Fee □\$43.75 Filing Fee Certificate of Sta | - | Certifi Certifi | Filing Fee cate of Status ed Copy ional Copy is sed) | |
| Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 | Division The Ce | ment Sections of Corporate of Ta | | |

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

| Inmate Literacy Foundation, Inc. | | | |
|---|-----------------------------------|----------------------------------|--------------|
| (Name of Corporation as currently filed with the Florid | a Dept. of State) | | |
| N13000009244 | | | |
| (Document Nur | nber of Corporation (if ki | nown) | |
| Pursuant to the provisions of section 617.1006, Florida Stat amendment(s) to its Articles of Incorporation: | rutes, this <i>Florida Not Fo</i> | r Profit Corporation adopts the | e following |
| A. If amending name, enter the new name of the corpor | ration: | | |
| | | | _The new |
| name must be distinguishable and contain the word "corpo "Company" or "Co." may not be used in the name. | ration" or "incorporated | l" or the abbreviation "Corp." | or "Inc." |
| Company or Co. may not be used in the name. | | | 20 |
| B. Enter new principal office address, if applicable: | | | 20 |
| (Principal office address <u>MUST BE A STREET ADDRES</u> | <u>(3</u>) | | AY |
| | | 1 | <u></u> |
| | | | _ |
| C. Enter new mailing address, if applicable: | | | PH : |
| (Mailing address MAY BE A POST OFFICE BOX) | | | $\dot{\sim}$ |
| | | L | ! |
| | | <u>-</u> | _ |
| | | | |
| D. If amending the registered agent and/or registered of new registered agent and/or the new registered office Name of New Registered Agent: | | enter the name of the | |
| | | | |
| | (FI | orida street address) | |
| New Registered Office Address: | | | |
| | | , Florida | |
| | (City) | (Zip Code) | |
| New Registered Agent's Signature, if changing Register | ed Agent: | | |
| I hereby accept the appointment as registered agent. I am | | the obligations of the position. | |
| | · | | |
| | Signature of New Regist | ered Agent if changing | |
| | Dignature of them the gian | or our regern, if crianging | |

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.

| Address |
|--|
| 5447 SW 24th Ave Ft. Lauderdale, FL 33312 |
| |
| 5447 SW 24th Ave Ft. Lauderdale, FL 33312 |
| 5445 SW 24th Ave Ft. Lauderdale, FL 33312 |
| |
| |
| |
| |
| |
| |
| |
| |

| | | | | | | | |
|------|---|-------------|-----------------|-------------------|---------------------------------------|--|--|
| | | | | | | | |
| | | - ·- ·- ·- | | | | | |
| | | <u></u> | | | ···· | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | · · · · · · · · · · · · · · · · · · · · |
| | | | | | | | |
| | | | | | | | . |
| | | | | | | | |
| | · · · · · · · · · · · · · · · · · · · | | * * | | · · · · · · · · · · · · · · · · · · · | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | ······································ | |
| | · · · - | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | date of each amendment this document was signed | | | | | | , if other than the |
| Effe | ctive date <u>if applicable</u> : | 04/27/2020 | | | | | |
| 2110 | The same is appropriate to | (no | more than 90 da | ys after amendm | ient file date) | | |
| | : If the date inserted in the iment's effective date on the | | | | iling requireme | nts, this date will no | ot be listed as the |
| Ado | ption of Amendment(s) | ((| CHECK ONE) | | | | |
| | The amendment(s) was/w was/were sufficient for ap | | the members and | I the number of v | votes cast for th | ne amendment(s) | |

| There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors. |
|--|
| Signature (By the 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) |
| Rocco Sampson Napolitano |
| (Typed or printed name of person signing) |
| Chairman of the Board of Directors |
| (Title of person signing) |