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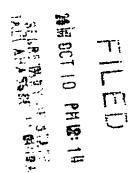
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I ALBRITTON

## **COVER LETTER**

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**TO:** Amendment Section Division of Corporations

NAME OF CORPORATION:	L NEXT STE	PS NC		
N13000009578 DOCUMENT NUMBER:				
The enclosed Articles of Amendment and fee are	e submitted for filing.			
•	_			
Please return all correspondence concerning this	matter to the following:			
VENA PATTON				
	(Name of Contact	Person)		
NE FL NEXT STEPS INC				
	(Firm/ Compa	ny)		
3545-1 ST. JOHNS BLUFF RD S PMB 255				
	(Address)			
JACKSONVILLE. FL 32224				
	(City/ State and Zi	p Code)	-	
VENAPATTON60@GMAIL.COM				
E-mail address: (to be	e used for future annual r	eport notificati	on)	
For further information concerning this matter, p	olease call:			
VENA PATTON		904 at	434-1054	
(Name of Contact F	Person)	(Area Code	) (Daytime Telephone Number)	
Enclosed is a check for the following amount ma	ade payable to the Florid	a Department o	f State:	
□ \$35 Filing Fee □\$43.75 Filing Fee Certificate of S	Tee & S43.75 Filing For tatus Certified Copy (Additional copy enclosed)	Cert y is Cert (Ad	.50 Filing Fee difficate of Status diffied Copy ditional Copy is closed)	
Mailing Address Amendment Section		Street Address Amendment Se		
Amendment Section	4	machantent Sc	CHOH	

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

**NEXT STEPS INC** 

(Name of Corporation as cur	rently filed with the Florida Dept. of State)
N/300	0009578
(Document Nu	umber of Corporation (if known)
Pursuant to the provisions of section 617.1006, Florida Sta amendment(s) to its Articles of Incorporation:	ntutes, this Florida Not For Profit Corporation adopts the following
A. If amending name, enter the new name of the corpo	oration:
E FL NEXT STEPS INC	The new
name must be distinguishable and contain the word "corp "Company" or "Co." may not be used in the name.	oration" or "incorporated" or the abbreviation "Corp." or "Inc."
B. Enter new principal office address, if applicable:	
(Principal office address <u>MUST BE A STREET ADDRE</u>	<u>SS</u> )
	a Ti
C. Enter new mailing address, if applicable:	
(Mailing address <u>MAY BE A POST OFFICE BON</u> )	
D. 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 offi	ce address:
Name of New Registered Agent:	
	(Florida street address)
New Registered Office Address:	
	. Florida
	, Florida, (City) (Zip Code)
New Registered Agent's Signature, if changing Registe I hereby accept the appointment as registered agent. I are	
	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 Sn	<u>nes</u>	
Type of Action (Check One)	<u>Title</u>		<u>Name</u>	<u>Addres</u> s
1) Change		<del>-</del>		
Add				
Remove				
2) Change		_		
Add				
Remove				
3 ) Change		_		
Add				
Remove				
4) Change		_		
Add				
Remove				
5) Change		_		
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Remove				
6) Change		_		
Add				
Remove				

ttach additional sheets, if necessary).	(Be specific)
	<del></del>
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Γhe date of each amendment(s) adoption:late this document was signed.	, if other than the
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, the locument's effective date on the Department of State's records.	is date 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 cast for the ame was/were sufficient for approval.	ndment(s)
There are no members or members entitled to vote on the amendment(s). The amendment(s) wadopted by the board of directors.	as/were
Dated 9.130/2017 Signature Vena Patton	
Signature Vena Patton	
(By the chairman or vice chairman of the board, president or other officer-if have not been selected, by an incorporator – if in the hands of a receiver, truother court appointed fiduciary by that fiduciary)	
VENA PATTON	
(Typed or printed name of person signing)	
NE FL Next Steps Inc. President (Title of person signing)	<del></del>
(The or person signing)	