

N14 000003168

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

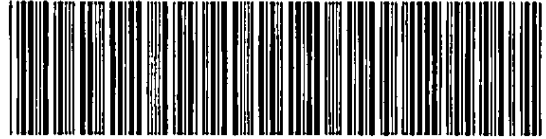
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2022 AUG 12 AM 9:28
SECRETARY OF STATE
MONTGOMERY, AL

Name Change

AUG 18 2022

D. CUSHING

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: F.L.A.W.L.E.S.S. INC

DOCUMENT NUMBER: N1000003168

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Geranda Odom

(Name of Contact Person)

(Firm/ Company)

PO BOX 9827

(Address)

Fort Lauderdale, Florida 33310

(City/ State and Zip Code)

2022 AUG 12 AM 9:28
F.L.A.W.L.E.S.S.

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Geranda Odom

at (305) 992-0549

(Name of Contact Person)

(Area Code) (Daytime Telephone Number)

Enclosed is a check for the following amount made payable to the Florida Department of State:

- \$35 Filing Fee Certificate of Status
- \$43.75 Filing Fee & Certified Copy Certificate of Status
- \$43.75 Filing Fee & (Additional copy is enclosed)
- \$52.50 Filing Fee Certified Copy (Additional Copy is Enclosed)

Mailing Address

Amendment Section
Division of Corporations
P.O. Box 6327
FL 32314

Street Address

Amendment Section
Division of Corporations
The Centre of Tallahassee Tallahassee,
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Articles of Amendment to

Articles of Amendment
to
Articles of Incorporation
of

F.L.A.W.L.E.S.S. INC.

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

NI40000003168

(Document Number of Corporation (if known))

Pursuant to the provisions of section 617.1006, Florida Statutes, this *Florida Not For Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

2021 AUG 12 PM 9:28
CORPORATION
STATE OF FLORIDA

A. If amending name, enter the new name of the corporation:

F.L.A.W.L.E.S.S. NON-PROFIT INC.

The new

name must be distinguishable and contain the word "corporation" or "incorporated" or the abbreviation "Corp." or "Inc." "Company" or "Co." may not be used in the name.

B. Enter new principal office address, if applicable:

(Principal office address MUST BE A STREET ADDRESS) 806 NW 2nd Ave Fort Lauderdale, FL 33311

C. Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX) PO BOX 9827 Fort Lauderdale, FL 33310

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 office address:

Name of New Registered Agent:

New Registered Office Address:

(Florida street address)

(City)

Florida

(Zip Code)

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. I am 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:

<input checked="" type="checkbox"/> Change	<u>PT</u>	<u>John Doe</u>
<input checked="" type="checkbox"/> Remove	<u>V</u>	<u>Mike Jones</u>
<input checked="" type="checkbox"/> Add	<u>SV</u>	<u>Sally Smith</u>

<u>Type of Action</u> (Check One)	<u>Title</u>	<u>Name</u>	<u>Address</u>
1) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	<u>VP</u>	<u>Rupert Smith</u>	<u>773 NW15 court Pompano Beach, Florida, 33060</u>
2) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	<u>DT</u>	<u>Germaine Odom</u>	<u>4830 NW 18th st, Lauderhill Florida, 33313</u>
3) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	<u>D</u>	<u>Geremaih Odom</u>	<u>4830 NW 18th st Lauderhill, Florida 33313</u>
4) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	_____	_____	_____
5) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	_____	_____	_____
6) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	_____	_____	_____

E. If amending or adding additional Articles, enter change(s) here:

(attach additional sheets, if necessary). (Be specific)

The date of each amendment(s) adoption: _____, if other than the date this document was signed.

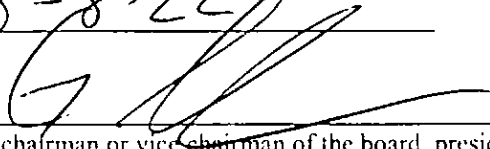
Effective date if applicable: _____

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

8-8-22

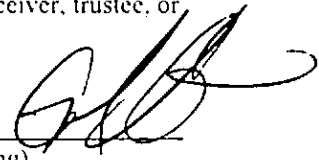
Signature



(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)

Geranda Odom

(Typed or printed name of person signing)



president

(Title of person signing)