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My V. S.

## COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: Gracet C	) pportunity Scholarships (criporation
DOCUMENT NUMBER: N1400	0007710
The enclosed Articles of Amendment and fee are submitt	ted for filing.
Please return all correspondence concerning this matter to	o the following:
J. Kaye	ame of Contact Person)
Great Opportunity	Scholar ships Corporation TEC 1885  (Firm/Company) P P P P P P P P P P P P P P P P P P P
2423 S. Gle	incre Road
	(Address) $\mathcal{O}$
New Smyrna B	(Address) (SC) I E S C xach, Fl 32108 FA
(C)	ity/ State and Zip Code)
Jaffe 19580 amo	Tuture annual report notification)
For further information concerning this matter, please cal	
Ruth Hartung (Name of Contact Person)	at 386 (39 3348 (Area Code) (Daytime Telephone Number)
Enclosed is a check for the following amount made payal	·
B\$ \$35 Filing Fee □\$43.75 Filing Fee & □\$  Certificate of Status (	
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Fallahassee, FL 32314	Street Address Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## Articles of Amendment to Articles of Incorporation of

(Name of Corporation as currently filed with the Florida	Dept. of State)
NITOOOODOTTIO	<del></del>
	per of Corporation (if known)
Pursuant to the provisions of section 617.1006, Florida Statut amendment(s) to its Articles of Incorporation:	tes, this Florida Not For Profit Corporation adopts the following
A. If amending name, enter the new name of the corpora	tion:
NA	The new
name must be distinguishable and contain the word "corpore "Company" or "Co." may not be used in the name.	The new nion" or "incorporated" or the abbreviation "Corp." or "Inc."
B. Enter new principal office address, if applicable:	242 SE
(Principal office address MUST BE A STREET ADDRESS	TC 5 E
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	SECRETATION OF STATE TALLAHASSEE FL
D. If amending the registered agent and/or registered off new registered agent and/or the new registered office.	
Name of New Registered Agent:	J. Kaye Walker
New Registered Office Address:	J. Kaye Walker 128 S Chencae Rodd New Smyrra Beach F1 3246
Ne	City (Zip Code)
New Registered Agent's Signature, if changing Registered I hereby accept the appointment as registered agent. I am for	1 Agent: uniliar with and accept the obligations of the position.
<del></del>	The Worker ignature of low Registered Agent, if changing
Ć	ngandare of perspectation of entire and the control of the control

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:

1Attach 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>Doe</u> : <u>Jones</u> : <u>Smith</u>	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address SEC
1) Change Add	P D	Stearns Richard J	New Smyrra Beach 12 1
Remove  2) Change Add	<u>P,D</u>	Wolker, J. Kaye	AHZA S Chencoc Road: CT New Stryma Beau FE SILV8
Remove	15-	Darden, Ellen	New Smyrrabout Floridal 32169
4) Kenave Add Add	7,7	Harting, Ruth	744 Cavedo St New Smyine BU, 0
Remove  5) Change Add  Remove			Florida 32168
6) Change Add			
	adding additional A I sheets, if necessary	Articles, enter change(s) here: c). (Be specific)	
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The date of each amendment(s) a	dantian			if other than the
date this document was signed.	uopnon			. If ether than the
date his document was signed.				
Effortive data if contingator				
Effective date if applicable:	(no more than 90 a	Lung after an andread all	la darat	
	(no more than 90 d	аум арыг атспатені µі	v aari	
Note: If the date inserted in this ble	arde door not never the own	licable statutory filing s	michiganos dis dazi mili	not he listed as the
document's effective date on the D			equirements, this date with	not be asted as the
accomences effective date of the Li	apariment of State's record	us.		
Adoption of Amendment(s)	(CHECK ONE)			
resoption of remembers (8)	(CHECK VILL)			

The amendment(s) was/were adopted by the members and the number of votes east 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 June 3, 2025,	
	Signature  (By the chairman of 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 count appointed fiduciary by that fiduciary)	
	Typed or printed name of person signing)	
	President	
	(Title of person signing)	SECRETARY OF STATE TALLAHASSEE, FL

2025 JUN -9 PM 5: 17