## NI4 00000 7891

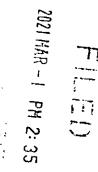
(Re	equestor's Name)	
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## **COVER LETTER**

TO: Amendment Section Division of Corporations

NAME OF CORPORAT	CODE FEVER M	IAMI, INC.		
DOCUMENT NUMBER:	N14000007891			
The enclosed Articles of A	mendment and fee are su	ibmitted for filing.	<u> </u>	
Please return all correspond				
Marion A. Hill, Esq.		_		
		(Name of Contact Pe	rson)	
Weiss Serota				
		(Firm/ Company	)	
2525 Ponce de Leon Blvd,	Suite 700			
		(Address)		
Coral Gables, FL 33134				
		(City/ State and Zip C	ode)	
mhili@wsh-law.com				
	-mail address: (to be use	ed for future annual repo	rt notificatio	n)
For further information con-	cerning this matter, pleas	se call:		
Marlon Hill		at	305	854-0800
	(Name of Contact Perso		Area Code)	(Daytime Telephone Number)
Enclosed is a check for the f	following amount made p	payable to the Florida D	epartment of	State:
□ \$35 Filing Fec	■\$43.75 Filing Fcc & Certificate of Status	☐\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	Certif Certif	0 Filing Fee icate of Status ied Copy tional Copy is osed)
Mailing A	ddress	<u>Stree</u>	et Address	

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

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

CODE FEVER MIAMI, INC.		
(Name of Corporation as currently filed with the Florida De	ept. of State)	
N14000007891		
	r of Corporation (if known)	
Pursuant to the provisions of section 617.1006, Florida Statutes amendment(s) to its Articles of Incorporation:	, this Florida Not For Profit Corporation adopts the follow	wing
A. If amending name, enter the new name of the corporation	on:	
CENTER FOR BLACK INNOVATION, INC.		new
name must be distinguishable and contain the word "corporation of the corporation of the	on" or "incorporated" or the abbreviation "Corp. or In	ic.
	937 NW 3rd Ave, Miami, FL 33136 🔀	
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	021 H AR	82.4
· · ·	50	
_	1	;
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	937 NW 3rd Ave, Miami, FL 33136	
(Mailing address MAT BE A POST OFFICE BOX)		-
-	သ ့ ဟ	
D. If amending the registered agent and/or registered office new registered agent and/or the new registered office ac	e address in Florida, enter the name of the idress:	
Name of New Registered Agent:		
	(Florida street address)	
New Registered Office Address:		
	Florida	
	(City) (Zip Code)	
New Registered Agent's Signature, if changing Registered I hereby accept the appointment as registered agent. I am fan	Agent: miliar with and accept the obligations of the position.	
Sig	gnature 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 Doe Mike Jones Sally Smith		2021 HAR - 1
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s	PH 2:
1) Change Add				ယ္
Remove				
2) Change Add				
Remove 3) Change Add Remove				
4) Change Add				
Remove				
5) Change Add				
Remove				
6) Change Add				
Remove				
E. If amending or additional she	ing additi eets. if nec	ional Articles, enter change(s) here: cessary). (Be specific)		
			<del></del> -	
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The data of each amandments	(s) adoption:	, if other than the
date this document was signed.	3) adoption.	
Effective date if applicable:	February 1, 2021	
Filective date in appreciate.	(no more than 90 days after amendment file date)	
Note: If the date inserted in thi document's effective date on the	is block does not meet the applicable statutory filing requirements, this date will not be the Department of State's records.	e listed as the
Adoption of Amendment(s)	(CHECK ONE)	
	ere adopted by the members and the number of votes cast for the amendment(s) proval.	

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 $\frac{2}{2}$
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)
Felecia Hatcher
(Typed or printed name of person signing)
Executive Director
(Title of person signing)

[ ] [ ] [ ] ] ] ] [ 2021 MAR -1 PM 2: 35