N14000010326

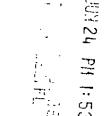
(Re	equestor's Name)	
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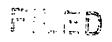
TO: Amendment Section Division of Corporations

NAME OF CORPORATION:	LE OF BROTHERHOOD, INC.
N14000010 DOCUMENT NUMBER:	0326
The enclosed Articles of Amendment ar	nd fee are submitted for filing.
Please return all correspondence concern	ning this matter to the following:
MIKE DAVIS	
	(Name of Contact Person)
CIRCLE OF BROTHERHOOD, INC.	
	(Firm/ Company)
5120 NW 24th AVENUE	
-	(Address)
MIAMI, FL 33142	
	(City/ State and Zip Code)
E-mail addres	ss: (to be used for future annual report notification)
For further information concerning this n	natter, please call:
LEROY JONES	305-756-0605
(Name of Co	ontact Person) (Area Code) (Daytime Telephone Number)
Enclosed is a check for the following am-	ount made payable to the Florida Department of State:
	Filing Fee & S43.75 Filing Fee & S52.50 Filing Fee ate of Status Certified Copy (Additional copy is enclosed) Certified Copy (Additional Copy is Enclosed)
Mailing Address	Street Address

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



CIRCLE OF BROTHERHOOD, INC.

2019 JUN 24 PH 1:50

	<u> </u>	
(Name of Corporation as cu	rrently filed with the Flo	rida Dept. of State)
N14000010326		,
(Document N	umber of Corporation (if I	known)
Pursuant to the provisions of section 617.1006, Florida St amendment(s) to its Articles of Incorporation:	atutes, this <i>Florida Not F</i>	for Profit Corporation adopts the following
A. If amending name, enter the new name of the corpo	oration:	
		The new
name must be distinguishable and contain the word "corp "Company" or "Co." may not be used in the name.	poration" or "incorporate	d" or the abbreviation "Corp." or "Inc."
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRE	<u></u>	
		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
D. If amending the registered agent and/or registered	office address in Marida	anter the name of the
new registered agent and/or the new registered offi	ce address:	tenter the name of the
Name of New Registered Agent:	-	
		lorida street address)
New Registered Office Address:	,,	ioriua sireei augressi
		, Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if changing Registe	red Agent:	
I hereby accept the appointment as registered agent. I an	n familiar with and accept	the obligations of the position.
	Signature of New Regis	tered Avent 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>V</u>	John Doe Mike Jones Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	TD	CHRISTOPHER SWEETING	5120 NW 24th AVENUE
X Add			MIAMI, FL 33142
Remove			
2) Change			
Add			
Remove			
3) Change			-
Add			-
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
0			-
6) Change			·
Add			
Remove			

f amending or adding additional Arti- utach additional sheets, if necessary).	(Be specific)			
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The date of each amendment(s) adoption:		, if other than the
date this document was signed.		
Effective date <u>if applicable</u> :		
(ne	o more than 90 days after amendment file date)	
Note: If the date inserted in this block does not document's effective date on the Department	not meet the applicable statutory filing requirements, this date will of State's records.	not be listed as the
Adoption of Amendment(s)	CHECK ONE)	
■ The amendment(s) was/were adopted by was/were sufficient for approval.	the members and the number of votes cast for the amendment(s)	
There are no members or members entitl adopted by the board of directors.	ed to vote on the amendment(s). The amendment(s) was/were	
Dated JUNE 14, 2019		
Signature	Davis	
have not been selected	ce chairman of the board, president or other officer-if directors d, by an incorporator – if in the hands of a receiver, trustee, or fiduciary by that fiduciary)	
MIKE DAVIS		
	(Typed or printed name of person signing)	
VICE PRESIDEN	Т	
	(Title of person signing)	