N15000001592

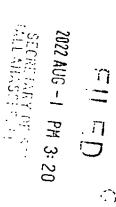
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COVER LETTER

TO: Amendment Section Division of Corporations FAMILIES AGAINST COURT TRAVETIES, INC NAME OF CORPORATION: N15000001592 DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: NATALIE ANDRE (Name of Contact Person) (Firm/ Company) 14782 WOODLODGE LANE (Address) DELRAY BEACH FL 33484-3567 (City/ State and Zip Code) NATANDRE44@GMAIL.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: 702-9192 NATALIE ANDRE (Daytime Telephone Number) (Name of Contact Person) Enclosed is a check for the following amount made payable to the Florida Department of State: ■ \$35 Filing Fee □\$43.75 Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee

Certified Copy

enclosed)

(Additional copy is

Mailing Address

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

Certificate of Status

Street Address

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

Certificate of Status

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Certified Copy

Enclosed)

Articles of Amendment to Articles of Incorporation FILED

Artic	es of Incorporation of	2022 AUG -1 PM 3: 20
FAMILIES AGAINST COURT TRAVESTIES, INC.	T,	
Name of Corporation as currently filed with the Florida	Dept. of State)	SEGRETARY OF SIX ———————————————————————————————————
N15000001592		
(Document Nun	nber of Corporation (if	known)
Pursuant to the provisions of section 617.1006, Florida State amendment(s) to its Articles of Incorporation:	utes, this <i>Florida Not</i>	For Profit Corporation adopts the following
A. If amending name, enter the new name of the corpor	ration:	
N/Λ		The new
name must be distinguishable and contain the word "corpo	ration" or "incorpora	ted" or the abbreviation "Corp." or "Inc."
"Company" or "Co." may not be used in the name.	N/A	
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRES)		
(Principal office address most be A STREET ADDRES	<u> </u>	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A	
D. If amending the registered agent and/or registered of new registered agent and/or the new registered office	ffice address in Florie e address:	la, enter the name of the
Name of New Registered Agent: N/A		
		(Florida street address)
New Registered Office Address:		
		Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if changing Register I hereby accept the appointment as registered agent. I am	red Agent: familiar with and acc	ept 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: X Change X Remove X Add	PT John I. V Mike . SV Sally .	<u>lones</u>	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change Add	TRES	JANET CLARK	4327 HUNTING TRAIL LAKE WORTH FL 33467
x Remove			
2) Change Add	TRES	NATALIE ANDRE	14782 WOODLODGE LANE DELRAY BEACH FL 33484
Remove	VP	ADELE GUADALUPE	13279B VIA VESTA DELRAY BEACH FL 33484
4) Change Add	<u>VP</u>	LILY SCHWARK	36 Alder Ave SE Apt 3 FORT WALTON BCII FL 32548
Remove 5) Change Add			
Remove Change Add			
Remove			
E. If amending or add (attach additional sh		rticles, enter change(s) here: (Be specific)	
<u>N/A</u>			

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	N/	Λ			, if other than th
The date of each amendment date this document was signed.	(s) adoption:				, if Ouler dian of
	N/A				
Effective date <u>if applicable</u> :	(no m	ore than 90 days aft	er amendment fil	e date)	
Note: If the date inserted in the document's effective date on the	is block does not ne Department of	meet the applicable State's records.	statutory filing re	quirements, this d	ate will not be listed as the
Adoption of Amendment(s)	(<u>CH</u>	ECK ONE)			
☐ The amendment(s) was/w was/were sufficient for ap		e members and the	number of votes of	ast for the amendr	ment(s)

Dated	7/27/2022
Signature	Valabi Conho
~	(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)
	and the sum of the sum
	NATALIE ANDRE
	NATALIE ANDRE

■ There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were