N15000005391

(Requestor's Name)
(Address)
,
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



900329061009

U5/U8/19--U1U14--UU8 **43.75



MAY 1 7 2019 S. YOUNG

COVER LETTER

TO: Amendment Section **Division of Corporations** NAME OF CORPORATION SOUTH Florida Student to Entrepreneur Platform, Inc., 15000000539 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: For further information concerning this matter, please call: Nicole (Area Code) (Daytime Telephone Number) Enclosed is a check for the following amount made payable to the Florida Department of State: \$\mathbb{X}\$\$43.75 Filing Fee & \$\mathbb{X}\$\$543.75 Filing Fee & □ \$35 Filing Fee □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is Enclosed)

Mailing Address

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

Street Address

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Articles of Amendment

to

Articles	of	Incorpora	tion
----------	----	-----------	------

of

South Florida Student to Entrepreneur Platform, Inc. (Name of Corporation as currently filed with the Florida Dept. of State)	-
N 1500005391 (Document Number of Corporation (if known)	
Pursuant to the provisions of section 617.1006, Florida Statutes, this <i>Florida Not For Profit Corporation</i> adopts the follownendment(s) to its Articles of Incorporation:	wing
A. If amending name, enter the new name of the corporation:	
name must be distinguishable and contain the word "corporation" or "incorporated" or the abbreviation "Corp," or "h	new w."
"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)	<u> </u>
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
	5 5 5
Name of New Registered Agent:	 -
New Registered Office Address: [Florida street Address] Florida	
(City) (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.

mine dones, r de recons			
Example: X Change X Remove X Add	<u>V</u> <u>Mike</u>	Doe Lones Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change Add Remove	<u>T</u>	Claudia Seymour	1771 Blount Rd #507 Turnpike Commercial Plaza Conc Pompano Bett (=1 33069
2) Change Add Remove	<u>√</u> P	Sven Gade	1771 Blown Fed # 507. Turnfike Commercial Plaza conde Pompano Feb FL 33069
3) Change Add Remove	Λb	Owen Manning	1771 Blount Rd #507. Turnpike Commercia / Plaza Conc Pompino BCL FL 33069
4) Change Add Remove	I	Davinia Osbarna	1771 Blount Rd #507- Tumping Bell Fl. 33069 Panglino Bil FL 35069
5) Change Add Remove			
6) Change Add Remove			

E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific)	
·	
	<u> </u>

	$\mathcal{A} \cap \mathcal{A}$, if other than the
	this document was signed.
Effe	(no more than 90 days after amendment file date)
<u>Not</u> doci	e: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the ument's effective date on the Department of State's records.
Adc	option of Amendment(s) (CHECK ONE)
	The amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s) was/were sufficient for approval.
风	There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors.
	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)
	(Typed or printed name of person signing)
	President
	(Title of person signing)