N1500000 7349

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SCUTTIARY OF STATE

OF THE CORPORATION

OF THE CORPORATION

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: Support The	e Children And Family	Community Development Corp	
DOCUMENT NUMBER:			
The enclosed Articles of Amendment and fee	are submitted for filing	2.	
Please return all correspondence concerning t	his matter to the follow	ing:	
Immacula Michel			
	(Name of Con	tact Person)	
Support The Children and Family Community	y Development Corp, Ir	nc	
	(Firm/ Co	mpany)	
4607 Windward Cove Ln			
	(Addre	ess)	
Willington, Fl 33449			
<u> </u>	(City/ State and	d Zip Code)	
lmichelmd@gmail.com			
E-mail address: (to	be used for future annu	ual report notification)	
For further information concerning this matter	r, please call:		
Immacula Michel		305-321-7761 at	21-0588 21-0588
(Name of Contac	t Person)	(Area Code) (Daytime Te	elephone Number) = ==================================
Enclosed is a check for the following amount	made payable to the Flo	orida Department of State:	H 500
■ \$35 Filing Fee □\$43.75 Filing Certificate of		py Certificate of Status	

Mailing Address

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, 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 Articles of Incorporation of

Name of Corporation as currently filed with the Flor	rida Dept. of State)	
N15000007349		
(Document N	Number of Corporation (if known)	
Pursuant to the provisions of section 617.1006, Florida Sumendment(s) to its Articles of Incorporation:	Statutes, this Florida Not For Profit Corporation adopts the	ne following
A. If amending name, enter the new name of the corp	poration:	
		The new
name must be distinguishable and contain the word "cor "Company" or "Co." may not be used in the name.	rporation" or "incorporated" or the abbreviation "Corp.	" or "Inc."
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDR	PESS)	
		_
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX))	
		_ 5
		<u></u>
 If amending the registered agent and/or registered new registered agent and/or the new registered of 		~~ **
new registered agent and/or the new registered or	nee audress.	<u> </u>
Name of New Registered Agent:		11: U.S.
		r z)
New Registered Office Address:	(Florida street address)	
	, Florida	
	(City) (Zip Code)	
New Registered Agent's Signature, if changing Regist hereby accept the appointment as registered agent. It	tered Agent: am familiar with and accept the obligations of the position	1.
	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.

V Mike Jo	nes			
<u>Title</u>	<u>Name</u>	Address		
<u>T</u>	Maria De Armas	1800 Forest Hill Blvd Suite B8 West Palm Beach, Florida 33406		
<u>T</u>	Norman Velasquez	2548 Gulf Stream Ln Fort Lauderdale, Fl 33312		
<u>s</u>	Ashlev Alberto	4607 Windward Cove Ln Wellington, Fl 33449		
Exe Dire	Aaron Velasquez	2548 Gulf Stream Ln Fort Lauderdale, Fl 33312		
CEO	Immacla Michel	4607 Windward Cove Ln Wellington, FI 33449		
E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific)				
	Y Mike Jo SV Sally Sn Title T S Exe Dire CEO	Y Mike Jones SV Sally Smith Title Name T Maria De Armas T Norman Velasquez S Ashlev Alberto Exe Dire Aaron Velasquez CEO Immacla Michel		

		
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	4/21/2020	
The date of each amendment(s)	adoption:	, if other than the
date this document was signed.	21/2020	
Effective date <u>if applicable</u> :	(no more than 90) days after amendment file dat	10)
Note: If the date inserted in this bedocument's effective date on the l	block does not meet the applicable statutory filing requir Department of State's records.	ements, this date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
☐ The amendment(s) was/were was/were sufficient for appro	adopted by the members and the number of votes cast foval.	For the amendment(s)

adopted by the board of	of directors.
	1/2020
Dated	
Signature	am m
(By t	the chairman or vice chairman of the board, president or other officer-if directors
hav	e not been selected, by an incorporator - if in the hands of a receiver, trustee, or
	er court appointed fiduciary by that fiduciary)
	••
	Aaron Velasquez
-	(Typed or printed name of person signing)
,	F. Julius Diagram
1	Executive Director
-	(Title of person signing)

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