## N150000008723

| (Re                     | equestor's Name)   |             |
|-------------------------|--------------------|-------------|
| (Ad                     | ldress)            |             |
| (Ad                     | ldress)            |             |
| (Cit                    | ty/State/Zip/Phone | e #)        |
| PICK-UP                 | MAIT               | MAIL        |
| (Bu                     | isiness Entity Nar | ne)         |
| (Document Number)       |                    |             |
| Certified Copies        | _ Certificates     | s of Status |
| Special Instructions to | Filing Officer:    |             |
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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

| NAME OF CORPORATIO             | Step Up St. Pete                                 |                                                                          |                               |                                                           |
|--------------------------------|--------------------------------------------------|--------------------------------------------------------------------------|-------------------------------|-----------------------------------------------------------|
|                                | N15000008723                                     |                                                                          |                               |                                                           |
| DOCUMENT NUMBER: _             | " " " " " " " " " " " " " " " " " " " "          |                                                                          |                               |                                                           |
| The enclosed Articles of Ame   | endment and fee are subm                         | nitted for filing.                                                       |                               |                                                           |
| Please return all corresponder | nce concerning this matter                       | r to the following:                                                      |                               |                                                           |
| Ms. Jericka Knox               |                                                  |                                                                          |                               |                                                           |
|                                |                                                  | (Name of Contact Pe                                                      | erson)                        |                                                           |
| Step Up St. Pete               |                                                  |                                                                          |                               |                                                           |
|                                | ······                                           | (Firm/ Company                                                           | ·)                            | <u></u>                                                   |
| 1795 63rd Ave. S.              |                                                  |                                                                          |                               |                                                           |
|                                |                                                  | (Address)                                                                |                               |                                                           |
| St. Petersburg, FL 33712       |                                                  |                                                                          |                               |                                                           |
|                                | (                                                | City/ State and Zip                                                      | Code)                         |                                                           |
| stepupstpete@gmail.com         |                                                  |                                                                          |                               |                                                           |
| <u>C</u> -:                    | mail address: (to be used:                       | for future annual rep                                                    | ort notification              | 1)                                                        |
| For further information conce  | rning this matter, please c                      | eall:                                                                    |                               |                                                           |
| Jericka Knox                   |                                                  | at                                                                       | 727                           | 642-6206                                                  |
| (                              | Name of Contact Person)                          | at                                                                       | (Area Code)                   | (Daytime Telephone Number)                                |
| Enclosed is a check for the fo | llowing amount made pay                          | able to the Florida I                                                    | Department of S               | State:                                                    |
| ■ \$35 Filing Fee              | □\$43.75 Filing Fee & C<br>Certificate of Status | □\$43.75 Filing Fee<br>Certified Copy<br>(Additional copy i<br>enclosed) | Certifi<br>S Certifi          | 0 Filing Fee icate of Status ied Copy tional Copy is sed) |
| <u>Mailing Ad</u><br>Amendmen  |                                                  | <del>-</del>                                                             | eet Address<br>nendment Secti | on                                                        |

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

| (Name of Corporation as curr                                                                                                        | ently filed with the Fl         | orida Dept. of State)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
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| N15000008723                                                                                                                        |                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| (Document Num                                                                                                                       | nber of Corporation (if         | known)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| ursuant to the provisions of section 617.1006, Florida Statumendment(s) to its Articles of Incorporation:                           | utes, this <i>Florida Not I</i> | For Profit Corporation adopts the following                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| . If amending name, enter the new name of the corpora                                                                               | ation:                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|                                                                                                                                     |                                 | The new                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| ame must be distinguishable and contain the word "corpor<br>Company" or "Co." may not be used in the name.                          | ration" or "incorpora           | ted" or the abbreviation "Corp." or "Inc."                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| Sompany or Co. may not be used in the name.                                                                                         |                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Enter new principal office address, if applicable:                                                                                  |                                 | C                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| Principal office address <u>MUST BE A STREET ADDRES</u>                                                                             | $\underline{S}$ )               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|                                                                                                                                     |                                 | <u> </u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
|                                                                                                                                     |                                 | With a                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
|                                                                                                                                     |                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| . Enter new mailing address, if applicable:                                                                                         |                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| (Mailing address <u>MAY BE A POST OFFICE BOX</u> )                                                                                  |                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|                                                                                                                                     |                                 | 100 mg 10 |
|                                                                                                                                     |                                 | <del> </del>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
|                                                                                                                                     |                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| 16 amanding the negliteral and a 16 and 24 and 25                                                                                   |                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| <ul> <li>If amending the registered agent and/or registered of<br/>new registered agent and/or the new registered office</li> </ul> |                                 | a, enter the name of the                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| new registered agent and of the new registered office                                                                               | Hudicasi                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Name of New Registered Agent:                                                                                                       |                                 | · · · · · · · · · · · · · · · · · · ·                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
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|                                                                                                                                     |                                 | Florida street address)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| New Registered Office Address:                                                                                                      |                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|                                                                                                                                     |                                 | Dis. da.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| <del></del>                                                                                                                         | (City)                          | , Florida<br>(Zip Code)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
|                                                                                                                                     | (C113)                          | (Lip Code)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| ew Registered Agent's Signature, if changing Registere                                                                              |                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| hereby accept the appointment as registered agent. I am j                                                                           |                                 | nt the obligations of the position.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
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|                                                                                                                                     | Signature of New Reg.           | istered 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 | $\overline{\underline{\mathbf{v}}}$ $\overline{\underline{\mathbf{M}}}$ | ohn Doe<br>like Jones<br>ally Smith |                          |
|-----------------------------------|-------------------------------------------------------------------------|-------------------------------------|--------------------------|
| Type of Action<br>(Check One)     | Title                                                                   | <u>Name</u>                         | <u>Addres</u> s          |
| 1) X Change                       | VD                                                                      | Tiffaney Rhodes                     | 2040 11th. St. S.        |
| Add                               |                                                                         |                                     | St. Petersburg, FL 33705 |
| Remove                            |                                                                         |                                     | <del></del>              |
| 2) Change                         | STD                                                                     | Tyrone Singletary                   | 1795 63rd Ave. S.        |
| X<br>Add                          |                                                                         |                                     | St. Petersburg, FL 33712 |
| Remove                            |                                                                         |                                     |                          |
| 3) Change                         | B                                                                       | Megan Hires                         | 1723 11th Ave. N.        |
| Add                               |                                                                         |                                     | St. Petersburg, FL 33713 |
| X Remove                          |                                                                         |                                     |                          |
| 4) Change                         | В                                                                       | Safiya Miller-Benjamin              | 700 Jasmine Way S.       |
| Add                               |                                                                         |                                     | St. Petersburg, FL 33705 |
| X Remove                          |                                                                         |                                     |                          |
| 5) Change                         | S                                                                       | Michele Watkins                     | 4551 20th Ave. S.        |
| Add                               |                                                                         |                                     | St. Petersburg, FL 33711 |
| X Remove                          |                                                                         |                                     |                          |
|                                   |                                                                         |                                     |                          |
| 6)Change                          |                                                                         |                                     |                          |
| Add                               |                                                                         |                                     |                          |
| Remove                            |                                                                         |                                     | <u> </u>                 |

| E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific)     |
|---------------------------------------------------------------------------------------------------------------------------------|
| ADD: Article III, Section 1:                                                                                                    |
| This corporation is organized exclusively for charitable, religious, educational, and scientific purposes, including, for such  |
| purposed, the making of distributions to organizations that qualify as exempt organizations under section 501(c)(3) of the      |
| Internal Revenue Code, or the corresponding section of any future federal tax code. This corporation is a non-profit, public-   |
| benefit corporation, and is not organized for the private gain of any persons. It is organized solely for public and            |
| charitable purposes.                                                                                                            |
| AMEND: Article III, Section 2:                                                                                                  |
| The specific purpose for which this corporation is organized is: Step Up St. Pete seeks to mold students' intellectual,         |
| emotional, and physical selves through enriching experiences, creative outlets, and innovative enterprises during after         |
| school hours.                                                                                                                   |
|                                                                                                                                 |
| ADD: Article IX:                                                                                                                |
| Upon the dissolution of the corporation, assets shall be distributed for one or more exempt purposes within the meaning of      |
| section 501(c)(3) of the Internal Revenue Code, or the corresponding section of any future federal tax code, or shall be        |
| distributed to the federal government, or to a state or local government, for a public purpose. Any such assets not so disposed |
| of shall be disposed of by a Court of Competent Jurisdiction of the county in which the principal office of the corporation is  |
| then located, exclusively for such purposes or to such organization or organizations, as said Court shall determine, which are  |
| organized and operated exclusively for such purposes.                                                                           |
|                                                                                                                                 |
|                                                                                                                                 |
|                                                                                                                                 |
|                                                                                                                                 |

|                                                          | December 15, 2015                                                                                                                                                                                               | 10 d d d             |
|----------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|
| The date of each amendment date this document was signed | •                                                                                                                                                                                                               | , if other than the  |
| Effective date <u>if applicable</u> :                    | December 15, 2015                                                                                                                                                                                               |                      |
|                                                          | (no more than 90 days after amendment file date)                                                                                                                                                                |                      |
|                                                          | nis block does not meet the applicable statutory filing requirements, this date will rehe Department of State's records.                                                                                        | not be listed as the |
| Adoption of Amendment(s)                                 | ( <u>CHECK ONE</u> )                                                                                                                                                                                            |                      |
| ☐ The amendment(s) was/w<br>was/were sufficient for ap   | were adopted by the members and the number of votes cast for the amendment(s) opproval.                                                                                                                         |                      |
| There are no members or adopted by the board of o        | members entitled to vote on the amendment(s). The amendment(s) was/were directors.                                                                                                                              |                      |
| Dated                                                    | mber 22, 201 <del>5</del>                                                                                                                                                                                       |                      |
| haver                                                    | chairman or vice chairman of the board, president or other officer-if directors not been selected, by an incorporator – if in the hands of a receiver, trustee, or court appointed fiduciary by that fiduciary) |                      |
| Jer                                                      | icka Knox                                                                                                                                                                                                       |                      |
|                                                          | (Typed or printed name of person signing)                                                                                                                                                                       |                      |
| Pre                                                      | esident                                                                                                                                                                                                         |                      |
|                                                          | (Title of person signing)                                                                                                                                                                                       |                      |