

11500009886

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

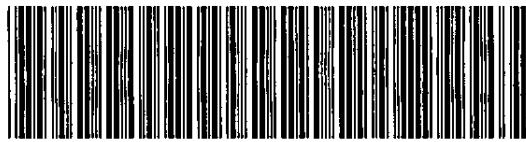
(Business Entity Name)

(Document Number)

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COVER LETTER

**TO: Amendment Section
Division of Corporations**

DND-Diamonds Not Dimes Corp

NAME OF CORPORATION: *THE BALKANS HOLDINGS Corp.*

N15000009886

DOCUMENT NUMBER: _____

The enclosed *Articles of Amendment* and fee are submitted for filing.

Ivory Smith

(Name of Contact Person)

DND-Diamonds Not Dimes Corp

(Firm/ Company)

8 Sapphire Rd

(Address)

Ocala, FL 34471

(City/ State and Zip Code)

isblighted2.is@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Ivory Smith 6th 352-426-4149
at _____
(Name of Contact Person) (Area Code) (Daytime Telephone Number)

Enclosed is a check for the following amount made payable to the Florida Department of State:

\$35 Filing Fee \$43.75 Filing Fee & Certificate of Status \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed) \$52.50 Filing Fee Certificate of Status Certified Copy (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 Incorporation
of**

DND - Diamonds Not Dimes Corp

(Name of Corporation as currently filed with the Florida Dept. of State)

N1500009886

(Document Number of Corporation (if known))

Pursuant to the provisions of section 617.1006, Florida Statutes, this ***Florida Not For Profit Corporation*** adopts the following amendment(s) to its ~~Articles of Incorporation~~:

A. If amending name, enter the new name of the corporation:

The new name must be distinguishable and contain the word "corporation" or "incorporated" or the abbreviation "Corp." or "Inc." "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**)*

C. Enter new mailing address, if applicable:
*(Mailing address **MAY BE A POST OFFICE BOX**)*

D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:

Name of New Registered Agent: Ivory Smith
8 Sapphire Rd

New Registered Office Address:

(Florida street address)

8 Sapphire Rd

(Florida street address)

34472

Florida _____

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

Page 1 of 4

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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:

| | | |
|--|-----------|--------------------|
| <input checked="" type="checkbox"/> Change | <u>PT</u> | <u>John Doe</u> |
| <input checked="" type="checkbox"/> Remove | <u>V</u> | <u>Mike Jones</u> |
| <input checked="" type="checkbox"/> Add | <u>SV</u> | <u>Sally Smith</u> |

| Type of Action (Check One) | Title | Name | Address |
|---|--|-------------------------|------------------------------------|
| 1) <input checked="" type="checkbox"/> Change | <u>CEO</u> | <u>Ivory Smith</u> | <u>8 Sapphire Rd</u> |
| <input type="checkbox"/> Add | | | <u>Ocala, Fl 34472</u> |
| <input type="checkbox"/> Remove | | | <u>US</u> |
| 2) <input checked="" type="checkbox"/> Change | <u>TRE</u> | <u>Lashandra Kelly</u> | <u>4551 SW 110th Lane</u> |
| <input type="checkbox"/> Add | | | <u>Ocala, Fl 34476</u> |
| <input type="checkbox"/> Remove | | | <u>US</u> |
| 3) <input checked="" type="checkbox"/> Change | <u>DIR</u> | <u>Jeanette Walker</u> | <u>PO Box 434</u> |
| <input type="checkbox"/> Add | | | <u>Ocala, Fl 34478</u> |
| <input type="checkbox"/> Remove | | | <u>US</u> |
| 4) <input checked="" type="checkbox"/> Change | <u>TR</u> <i>Joe</i> <u>Trustee</u> | <u>Thomasena Gadson</u> | <u>9541 103rd Street; Apt# 210</u> |
| <input type="checkbox"/> Add | | | <u>Jacksonville, Fl 32210</u> |
| <input type="checkbox"/> Remove | | | <u>US</u> |
| 5) <input type="checkbox"/> Change | | | |
| <input type="checkbox"/> Add | | | |
| <input type="checkbox"/> Remove | | | |
| 6) <input type="checkbox"/> Change | | | |
| <input type="checkbox"/> Add | | | |
| <input type="checkbox"/> Remove | | | |

E. If amending or adding additional Articles, enter change(s) here:

(attach additional sheets, if necessary). (Be specific)

Article III:

Serve as a community service to help guide, support, and be a resource for young people to succeed in life, empowering them through mentoring, tutoring, life skills transitioning, referrals, recognition, community outreach.

1) Said corporation is not expressly empowered to engage, other than as in an insubstantial part of the organization's activities, in activities that are not in furtherance of one or more exempt purposes. Said corporation is organized exclusively for charitable, literary, educational purposes.

2) Upon dissolution of the corporation, remaining assets will be used exclusively for section 501C3 exempt purposes.

If dissolved, will distribute its assets within the meaning of 501C3:

Upon the dissolution of the corporation, assets shall be distributed for one or more exempt purposes within the meaning of section 501C3 of the Internal Revenue Code, or 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.

The date of each amendment(s) adoption: _____, if other than the date this document was signed.

Effective date if applicable: _____
(no more than 90 days after amendment file date)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Adoption 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.
- There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors.

12-6-2015

Dated

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)

Ivory Smith

(Typed or printed name of person signing)

CEO

(Title of person signing)

5