N15000009941

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: The Br	aylee & Brya K. SPEED Blue Orea
DOCUMENT NUMBER: <u>N150000</u>	
The enclosed Articles of Amendment and fee are subm	
Please return all correspondence concerning this matte	er to the following:
Shakeda Has	Han
	(Name of Contact Person)
	(Firm/ Company)
1865 WAKE	Forest Are
	(Address)
Clermon	L, FL 34711 (City/ State and Zip Code)
	(City/ State and Zip Code)
E-mail address: (to be used	+21 a gnail. con Tor future annual report notification)
For further information concerning this matter, please	call:
Shalleda Hadden	at 352 - 978 - 7110 (Area Code) (Daytime Telephone Number)
(Name of Contact Person)	(Area Code) (Daytime Telephone Number)
Enclosed is a check for the following amount made pa	yable to the Florida Department of State:
☐ \$35 Filing Fee ☐ \$43.75 Filing Fee & Gertificate of Status	Certified Copy (Additional copy is enclosed) S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is Enclosed)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327	Street Address Amendment Section Division of Corporations The Centre of Tallahassee
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment Articles of Incorporation of

The Braylee & Bryo K. SPEED Blue Dream Foundation (Name of Corporation as currently filed with the Florida Dept. of State)	Jac
N1500009941 (Document Number of Corporation (if known)	
Pursuant to the provisions of section 617.1006, Florida Statutes, this <i>Florida Not For Profit Corporation</i> adopts the amendment(s) to its Articles of Incorporation:	following
A. If amending name, enter the new name of the corporation:	
LE BEVE BIEU foundation Inc. name must be distinguishable and contain the word "corporation" or "incorporated" or the abbreviation "Corp." of	The new
name must be distinguishable and contain the word "corporation" or "incorporated" or the abbreviation "Corp." o. "Company" or "Co." may not be used in the name.	r "Inc."
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:	
(Florida street address) New Registered Office Address:	
, Florida	
(City) (Zip Code)	
New Registered Agent's Signature, if changing Registered Agent:	3)21
I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.	<u></u>
	121
Signature of New Registered Agent, if changing	70
	Ŋ.

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:

 $P = President; \ F = Vice \ President; \ T = Treasurer; \ S = Secretary; \ D = Director; \ TR = Trustee; \ C = Chairman or Clerk; \ CEO = Chief Executive Officer; \ CFO = Chief Financial Officer, \ If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.$

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: X Change X Remove X Add	PT John E Y Mike J SV Sally S	ones	
Type of Action (Check One)	<u>Title</u>	Name	Address
1) Change Add Remove	D	Rashawada Mcclendo	n 2734 Stanwood On. Hissimmer, Fl 34243
2) Change Add			
X Remove	D	Martin Mcclerdon	2734 Stanwood On. 14:ssimmee 1 FL 34743
4) Change Add			
Remove 5) Change Add Remove			
6) Change Add Remove			
	ng additional Art us, if necessary).	icles, enter change(s) here: (Be specific)	
		N/A	
			

		,
		
		<u>,</u>
		
The data of each amendment(s) adopt	on:	if other than the
date this document was signed.		
Effective date if applicable:	7/6/2021	
Effective date in approxime.	(no more than 90 days after amendment file date)	
Note: If the date inserted in this block document's effective date on the Departr	oes not meet the applicable statutory filing requirements, this date will not ment of State's records.	be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/were adopte was/were sufficient for approval.	ed by the members and the number of votes cast for the amendment(s)	

Cian		_		
Sign	have not been select	ed, by an incorpor	ator – if in the ha	t or other officer-if direct ids of a receiver, trustee,
	other court appointed	Shake	Ha Hadrinted name of pe	ter
		(Typed of p	M S D	rson signing)