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C. BRUMBLEY

COVER LETTER

TO: Amendment Section Division of Corporations

ACCESS COMMUNITY AW NAME OF CORPORATION:	ARENESS CENTER, INC.
DOCUMENT NUMBER:	1
The enclosed Articles of Amendment and fee are submitted for	filing.
Please return all correspondence concerning this matter to the fo	ollowing:
WANDY FIGUEROA	
(Name o	f Contact Person)
FIGCO ACCOUNTING FIRM	1
(Fire	n/ Company)
6900 TAVISTOCK LAKES BLVD STE 400	ľ
	(Address)
	(1.11.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1
ORLANDO FL 32827	
(City/ St	ate and Zip Code)
INFO@EFIGCO.COM	
E-mail address: (to be used for futu	re annual report notification)
For further information concerning this matter, please call:	ή
For further information concerning the matter	407-492-6091
407-873-3999	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 & □\$43.7 Certificate of Status Certi	5 Filing Fee & S52.50 Filing Fee
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

ACCESS COMMUNITY AWARENESS CENTER			
Name of Corporation as currently filed with the	Florida Dept. of S	tate)	
N15000011779		1	
(Docume	ent Number of Corp	oration (if known)	
Pursuant to the provisions of section 617.1006. Flor amendment(s) to its Articles of Incorporation:	ida Statutes, this FI	orida Not For Profit Co	rporation adopts the following
A. If amending name, enter the new name of the	corporation:		
			The new
name must be distinguishable and contain the word "Company" or "Co." may not be used in the name	"corporation" or '	incorporated" or the al	obreviation "Corp." or "Inc."
B. Enter new principal office address, if applica	<u>ble:</u>		
(Principal office address MUST BE A STREET A	DDRESS)		202 203
			2021 NOV
			#*************************************
C. Enter new mailing address, if applicable:			- 23 F
(Mailing address MAY BE A POST OFFICE	<u>BOX</u>)		
		, i	ا المساوية
			
D. If amending the registered agent and/or regi	stared office addre	ss in Florida, enter the	name of the
new registered agent and/or the new register	red office address:	•	
	FIGCO ACCOUN	NTING FIRM - WAND	Y FIGUEROA
Name of New Registered Agent:	COOR TANKETOC	K LAKES BLVD STE	
		(Florida street	
New Registered Office Address	:	(1 lornal sirece	
new negatives office	ORLANDO		, Florida
	(City		, Florida (Zip Code)
	(C.I.)	´	•
New Registered Agent's Signature, if changing	Registered Agent:		Sections of the position
New Registered Agent's Signature, it changing I hereby accept the appointment as registered age	nt. – Lam familiar w	ith and accept the ootig	Mitoris of the position.
			_
	0:	of New Registered Age	nt if changing
	Signature	g of hen hegistered Age	im A siimiai la
		1	

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 = ChiefExecutive 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.

, time bottom,	•			
Example: X Change X Remove X Add	PT John De V Mike John Selly Sell	on <u>es</u>	, 	
Type of Action (Check One)	<u>Title</u>	Name	11	<u>Addres</u> s
1) Change Add	<u>p</u>	RAFAEL LOPEZ		KISSIMMEE, FL 34743
× Remove				
2) Change Add	<u>P</u>	BRENDA SANTANA		149 SANDALWOOD DRIVE KISSIMMEE, FL 34743
Remove 3)	<u>S</u>	VERONICA GARCIA	1	2458 MIL RUN BLVD KISSIMMEE, FL 33474
4) Change Add				
Remove			1	
5) Change Add			<u> </u>	
Remove				
6) Change Add			- 	
Remove				
E. If amending or ad (attach additional sa	ding additional A heets, if necessary)	rticles, enter change(s) here: (Be specific)	ŀ	
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The date of each amendment(s) add date this document was signed.	option:	4	
Effective date if applicable:	(no more than 90 days afte	<u> </u>	
			a.:- dura will not be listed as the
Note: If the date inserted in this bloc document's effective date on the Dep	ck does not meet the applicable spartment of State's records.	statutory filing requirements,	ims date will not be usted as the
Adoption of Amendment(s)	(CHECK ONE)		
☐ The amendment(s) was/were adwas/were sufficient for approva	lopted by the members and the r d.	umber of votes cast for the ar	nendment(s)

•

Ø	There are no membadopted by the boa	pers or members entitled to vote on the amendment(s). The amendment(s) was/were ard of directors.
	Dated	11/09/2021
	Signature	(Durke abairman or vice chairman of the hoard, president or other officer-it directors
		have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)
		BRENDA SANTANA
		(Typed or printed name of person signing)
		PRESIDENT
		(Title of person signing)