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COVER LETTER

TO: Amendment Section Division of Corporations

Tallahassee, FL 32314

NAME OF CORPORATION:	i Circles Girls Corpora			
N16000002267	7			
The enclosed Articles of Amendment and f	ee are submitted for fili	ng.		
Please return all correspondence concerning	g this matter to the follo	owing:		
	Terri	Staten		
	(Name of Co	ontact Person)	-
	The Soyini Circles	Girls Corpo	ration	
	(Firm/ (Company)		
3107 Sp	oring Glen Rd. Ste 212	lacksonville, I	FL 32207	
	(Ad	dress)		
	Jacksonv	ille, FL 3220	7	
	(City/ State	and Zip Code)	
	soyinicircl	es@gmail.co	n	
E-mail address:	(to be used for future ar	inual report n	otificatio	n)
For further information concerning this mat	tter, please call:			
Terri Staten		904 at		554-6637
(Name of Cont	act Person)		a Code)	(Daytime Telephone Number)
Enclosed is a check for the following amou	nt made payable to the	Florida Depa	tment of	State:
□ \$35 Filing Fee □\$43.75 Filing Certificate	ng Fee & □\$43.75 Fil of Status Certified (Additional enclosed)	Copy al copy is	Certif Certif	0 Filing Fee icate of Status ied Copy tional Copy is osed)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327		Division	nent Sect of Corpo	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

The Soyini CIrcles Girls Corporation

(Name of Corporation as currently filed with the Florida	a Dept. of State)	
N16000002267		
(Document Nun	nber of Corporation (if known)	
Pursuant to the provisions of section 617.1006, Florida State amendment(s) to its Articles of Incorporation:	utes, this Florida Not For Profit Corporation adopts t	he following
A. If amending name, enter the new name of the corpor	cation:	
		The new
name must be distinguishable and contain the word "corpor" (Company" or "Co." may not be used in the name.	ration" or "incorporated" or the abbreviation "Corp.	" or "Inc."
B. Enter new principal office address, if applicable:	3107 Spring Glen Rd. Ste 212	
(Principal office address MUST BE A STREET ADDRES	(S) Jacksonville, Fl 32207	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	3107 Spring Glen Rd. Ste 212	
	Jacksonville FL 32207	
		23
D. If amending the registered agent and/or registered of new registered agent and/or the new registered office		22
	- 	₽
Name of New Registered Agent:		23 MAY 22 PH 6:
	(Florida street address)	 9
New Registered Office Address:		
	, Florida	
	(City) (Zip Code)	
New Registered Agent's Signature, if changing Registered I hereby accept the appointment as registered agent. I am		7.
	Signature of New Registered Agent, if changing	.

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

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

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

Example: X Change X Remove X Add	<u>V</u> <u>M</u> j	hn Doc ike Jones Ily Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change Add	<u>S</u>	Amani Francis	5922 Lawsonia Links Dr W Jacksonville, Fl 32222
2) Change Add	<u>S</u>	<u>Patricia McCants</u>	3107 Spring Glen Rd. Ste 212 Jacksonville Fl 32207
Remove	<u>C</u>	Dena Goldfine	5922 Lawsonia Links Dr. W Jacksonville, FL 32222
4) Change × Add	<u>VP</u>	Tyrica Young	3107 Spring Glen Rd. Ste 212 Jacksonville, FL 32207
Remove 5) Change Add	<u>T</u>	Dr. Ladonna Mor	ris 5922 Lawsonia Links Dr. W Jacksonville, Fl. 32222
A Remove Change Add	<u>P</u>	A'vize McKenzie	5922 Lawsonia Links Dr. W. Jacksonville, FL 32222
		Articles, enter change ry). (Be specific)	(s) here:
7). Change	_CEO/F	Terri Staten	3107 Spring Glen Rd. Ste 212 Jacksonville, FL 32207

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The date of each amendment(s) adoption:	, if other than t
late this document was signed.	
05/18/2023	
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.	
recoment a effective date on the Department of state 3 feetitis.	

(CHECK ONE)

Adoption of Amendment(s)

	05/18/2023
Dated	
Signat	ure fer Stater
_	(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)
	omer court appointed fiduciary by that fiduciary)
	Terri Staten

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