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## COVER LETTER

TO: Amendment Section Division of Corporations

Tallahassee, FL 32314

COALITION FOR B	LACK STUDENT EX	CELLENCE 	OF PALM BEACH COUNTY, IN
N46000002793 DOCUMENT NUMBER:			
The enclosed Articles of Amendment and fee are subr	nitted for filing.		
Please return all correspondence concerning this matte			
CHUCK RIDLEY			
	(Name of Contact Pers	on)	
	(Firm/ Company)		
2620 N AUSTRALIAN AVE STE 109			
	(Address)	_	
WEST PALM BECH, FLORIDA 33407			
	(City/ State and Zip Co	ode)	
PBCCBSA@GMAIL.COM			
E-mail address: (to be used	For future annual repo	rt notification	1)
For further information concerning this matter, please	call:		
CHUCK RIDLEY	at	661	577-5416
(Name of Contact Person	(	Area Code)	(Daytime Telephone Number)
Enclosed is a check for the following amount made pa	ayable to the Florida Do	epartment of	State:
■ \$35 Filing Fee □\$43.75 Filing Fee & Certificate of Status	☐S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	Certif Certif	D) Filing Fee icate of Status ied Copy tional Copy is osed)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327	Ame Divi	et Address indment Sect sion of Corpo Centre of T	orations

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## Articles of Amendment to Articles of Incorporation of

COALITION FOR BLACK STUDENT EXCELLENCE OF PALM BEACH COUNTY, INC.

Name of Corporation as currently filed with th	e Florida Dept. of State)			
N16000002793				
(Docum	nent Number of Corporation (if kno	iwn)		
Pursuant to the provisions of section 617,1006, Flo amendment(s) to its Articles of Incorporation:	rida Statutes, this <i>Florida Not For</i>	Profit Corporation adopts the following		
A. If amending name, enter the new name of th	e corporation:			
NA		The new		
name must be distinguishable and contain the wore "Company" or "Co." may not be used in the nam		or the abbreviation "Corp," or "Inc,"		
B. Enter new principal office address, if applica				
(Principal office address <u>MUST BE A STREET A</u>	(DDRESS)	w <b>2</b>		
		121 JU		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)	BOX) NA	UL 26		
	·	90 A		
		9: 50		
D. If amending the registered agent and/or regi		enter the name of the		
new registered agent and/or the new register				
Name of New Registered Agent:	CHUCK F, RIDLEY			
	210 NW 12TH AVENUE			
	(Florala street address)			
<u>New Registered Office Address:</u>				
	DELRAY BEACH	, Florida		
	(City)	(Zīp Code)		
New Registered Agent's Signature, if changing I hereby accept the appointment as registered agen		he obligations of the position.		
-	Signature of New Registra	vad taent if chanaina		

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	PT         John De           V         Mike Je           SV         Sally St	<u>mes</u>	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
E) Change Add	<u>CHAIR</u>	DEBRA LYNNE ROBINSON	1914 37TH STREET WEST PALM BEACH, FL 33407
<ul> <li>X Remove</li> <li>2) Change</li> <li>X Add</li> </ul>	CHAIR	CHUCK F RIDLEY	210 NW 12TH AVENUE DELRAY BEACH, FL 33444
Remove   3   Change     Add     Remove	<u>VC</u>	ROBIN HUMPHRIES WATSON	8754 SOUTHERN BREEZE DR ORLANDO, FL 32836
4) Change Add	<u>VC</u>	JACQUELINE CALLOWAY	11270 MAINSAIL COURT WELLINGTON, FL33449
<ul> <li>X Remove</li> <li>5) Change</li> <li>Add</li> </ul>	<u>T</u>	JEANETTE MARSHALL	8620 URANUS TERRACE WEST PALM BACH, FL 33403
<ul> <li>X Remove</li> <li>6) Change</li> <li>X Add</li> </ul>	<u>T</u>	<u>LATORIA HILLARD</u>	2620 N. AUSTRALIAN AVE STE 109
E. If amending or addir (attach additional shee		icles, enter change(s) here: (Be specific)	WPB, FL 33407

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The date of each amendment	t(s) adaption:	07/19/2021				in also also a di
date this document was signed	(a) auopuon:		_	<u> </u>		, if other than the
date this document was signed						
regular to tell of the	07/19/2021					
Effective date if applicable:						<u></u>
	(n	o more than 90 day	s after amendme	ent file date)		
Note: If the date inserted in the	iis block does	not meet the applic	able statutory fil	ing requirements	s, this date will not	be listed as the
document's effective date on t	he Department	of State's records.				

Adoption of Amendment(s)

was/were sufficient for approval.

(CHECK ONE)

The amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s)

There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors.
Dated 07 19 2021
Signature  (By the chairman of 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, of other court appointed fiduciary by that fiduciary)
DEBRA LYNNE ROBINSON
(Typed or printed name of person signing)
CHAIR

(Title of person signing)