N16000011074

(Requestor's Name)
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SECRETARY OF STATEONS
DIVISION OF CORPORATIONS
17 HAR -9 PM 3: 19

C MCNAIR

COVER LETTER

TO: Amendment Section
Division of Corporations

DDYEMM Corp.				
N16000011074		-	_	
The enclosed Articles of Amendment and fee are subm	itted for filing.			
Please return all correspondence concerning this matter				
Donna Yemm				
	Name of Contact Perso	n)	· · · · · · · · · · · · · · · · · · ·	
DDYEMM Corp.				
	(Firm/ Company)			<u> </u>
11101 Harbour Estate Circle				
	(Address)			
Fort Meyers FL 33908				
(City/ State and Zip Coo	le)		
ddyemm@comcast.net				
E-mail address: (to be used	for future annual report	notification	1)	······································
For further information concerning this matter, please of	all:			
Yuen Chin	50 at	13	952-2134	
(Name of Contact Person)		rea Code)	(Daytime Telepho	one Number)
Enclosed is a check for the following amount made pay	able to the Florida Dep	artment of	State:	
☐ \$35 Filing Fee ☐ \$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	Certif Certif	0 Filing Fee icate of Status ied Copy tional Copy is osed)	
Mailing Address Amendment Section Division of Corporations	Amen	Address dment Section of Corpo	•	

P.O. Box 6327

Tallahassee, FL 32314

Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

DDYEMM Corp.			7 68
(Name of Corporation	as currently filed with the Flo	rida Dept. of State)	190 Q
N16000011074			3
(Docum	ent Number of Corporation (if k	mown)	3
Pursuant to the provisions of section 617.1006, Flor amendment(s) to its Articles of Incorporation:	ida Statutes, this <i>Florida Not Fo</i>	or Profit Corporation adop	ots the following
A. If amending name, enter the new name of the	corporation:		
Memorial Education Fund Inc.			The new
name must be distinguishable and contain the word "Company" or "Co." may not be used in the name		d" or the abbreviation "Co	
B. Enter new principal office address, if applical	N/A N/A		
Principal office address <u>MUST BE A STREET AI</u>	DDRESS)		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE E	N/A		
D. If amending the registered agent and/or registered agent and/or the new registered	tered office address in Florida,	enter the name of the	
Name of New Registered Agent:	N/A		
			
New Registered Office Address:	(F)	lorida street address)	
	N/A	Florida N/	/A
	(City)	, Florida (Zip Cod	le)
New Registered Agent's Signature, if changing R hereby accept the appointment as registered agent	egistered Agent: . I am familiar with and accept	the obligations of the posi	tion.
· 	Signature of New Regist	ered 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	PT John D V Mike Jo SV Sally S	ones	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) N/A Change	N/A	N/A	N/A
Add			
Remove			
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

E. If amending or adding additional Article (attach additional sheets, if necessary).	(Be specific)
N/A	
· · · · · · · · · · · · · · · · · · ·	

			N/A	
The	date of each amen	dment(s) ado	ption:	, if other than the
date	this document was	signed.		
		N/A		
Effe	ective date <u>if applic</u>	able:		
			(no more than 90 days after amendment file date)	
			does not meet the applicable statutory filing requirements, this date will nortment of State's records.	t be listed as the
A do	option of Amendme	nt(s)	(CHECK ONE)	
	The amendment(s) was/were sufficient		oted by the members and the number of votes cast for the amendment(s)	
	There are no membadopted by the boa		rs entitled to vote on the amendment(s). The amendment(s) was/were	
	Dated		2019	
	Signature	Don	ra Gemmo	
	(By the chairm have not been	an or vice chairman of the board, president or other officer-if directors selected, by an incorporator – if in the hands of a receiver, trustee, or pointed fiduciary by that fiduciary)	
		Donna Yei	nm	
			(Typed or printed name of person signing)	
		President		
			(Title of person signing)	