N1700000052

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COVER LETTER

TO: Amendment Section Division of Corporations

JAMILA JOHNSON FOUNDATION INC. JAME OF CORPORATION:	_
N 17000000052	
The enclosed Articles of Amendment and fee are submitted for filing.	-
lease return all correspondence concerning this matter to the following:	
STACEY ANN BARBIE BROWN	
(Name of Contact Person)	-
AMILA JOHNSON FOUNDATION INC	
(Firm/ Company)	-
358 NW 53RD COURT	
(Address)	-
SUNRISE FLORIDA 33351	
(City/ State and Zip Code)	-
ABTALLC@GMAIL,COM	
E-mail address: (to be used for future annual report notification)	-
for further information concerning this matter, please call:	-
STACEY ANN BARBIE BROWN 732 4847309	Same Causes
(Name of Contact Person) (Area Code) (Daytime Telephone Number)	2.000
inclosed is a check for the following amount made payable to the Florida Department of State:	()
\$\$\subseteq\$ \$\subseteq\$	

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

JAMILA JOHNSON FOUNDATION INC					
Name of Corporation as currently filed with the	Florida D	cpt. of State)			
N1700000052					
(Docum	ent Numbe	r of Corporation	(if known)		
Pursuant to the provisions of section 617.1006, Flor amendment(s) to its Articles of Incorporation:	rida Statute	s, this <i>Florida No</i>	ot For Profit Corpo	oration adopts the	following
A. If amending name, enter the new name of the	e corporati	on:			
WINSTON BROWN FOUNDATION INC.					The new
name must be distinguishable and contain the word "Company" or "Co." may not be used in the name		ion" or "incorpo	rated" or the abbr	eviation "Corp." o	r "Inc."
B. Enter new principal office address, if applica	hle:	STACEY ANN BARBIE BROWN DDRESS) 9358 NW 53RD COURT			
(Principal office address MUST BE A STREET A	<u>DDRESS</u>)				
		SUNRISE FLOR	IDA 33351		
(Mailing address MAY BE A POST OFFICE A		e address in Flo	rida, enter the na	me of the	2023
new registered agent and/or the new register				<u> </u>	
Name of New Registered Agent:	STACEY	ANN BARBIE B	ROWN		AN S
	9358 NW	53RD STREET		芸芸	
New Registered Office Address:			(Florida street addr	ess)	·
	SUNRISE			_, Florida	
		(City)		(Zip Code)	
New Registered Agent's Signature, if changing I hereby accept the appointment as registered agen	Registered t. Lum fan	Agent: niliar with and ac	cept the obligation	as of the position.	
_	Siz	gnature of New R	egistered Agent, if	changing	<u>.</u>

- 3

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>PT</u> <u>V</u> <u>SV</u>	John Do Mike Jo Sally Sr	nes en es	
Type of Action (Check One)	Title		Name	<u>∆ddres</u> s
1) Change Add		_		
Remove				
2) Change Add		_		
Remove 3) Change Add Remove		_		
4) Change Add		_		
Remove				
5) Change Add		_		
Remove				
6) Change Add	<u></u>	_		
Remove				
E. If amending or additional sheet	ng addition ets, if neco	onal Art essary).	icles, enter change(s) here: (Be specific)	
	<u> </u>	·		
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The date of each amendment(s) adoptive	on:	, if other than the
date this document was signed.	· · · · · · · · · · · · · · · · · · ·	,
date this document was signed.		
Effective date if applicable:		<u></u>
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this block do document's effective date on the Departm	oes not meet the applicable statutory filing requirements, this date wil nent of State's records.	I not 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))

3	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 $\frac{1/23/2023}{}$
	Signature (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) STACEN ANN BANDIE BOWN
	(Typed or printed name of person signing)
	CEO
	(Title of person signing)