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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: SUBSTILLE State Youth Association INC
DOCUMENT NUMBER: N 1700000 862
The enclosed Articles of Amendment and fee are submitted for filling.
Please return all correspondence concerning this matter to the following:
David McCrimon (Name of Contact Person)
Sunshine State Youth Association INC (Firm/Company)
702 Lincoln Street (Address)
K1551mmee, Florida 34741 (City/State and Zip Code)
Yontaeedwards @ amail.com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Vontae Edwards at 720-666-2864 (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 Certificate of Status Certificate of Status Certificate of Status Certified Copy (Additional copy is enclosed) □ \$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is Enclosed)
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327The Centre of TallahasseeTallahassee, FL 323142415 N. Monroe Street, Suite 810

Tallahassee, Fl. 32303

Articles of Amendment to Articles of Incorporation

of

(Name of Corporation as currently filed with the Florida I	Dept. of State)
Sunshine State Youth Ass	ociation INC.
(Document Numb	er of Corporation (if known)
Pursuant to the provisions of section 617.1006, Florida Statute amendment(s) to its Articles of Incorporation:	es, this Florida Not For Profit Corporation adopts the following
A. If amending name, enter the new name of the corporat	ion:
<u> </u>	The new
name must be distinguishable and contain the word "corpora "Company" or "Co." may not be used in the name.	tion" or "incorporated" or the abbreviation "Corp." or "Inc."
B. Enter new principal office address, if applicable:	<u>n/a</u>
(Principal office address MUST BE A STREET ADDRESS)
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	019
(Mailing address MAI BE A POST OFFICE BOX)	
D. If amending the registered agent and/or registered offi	ce address in Florida, enter the name of the
new registered agent and/or the new registered office a	ddress:
Name of New Registered Agent: 1 / 0	
New Registered Office Address:	(Florida street address)
New Negation of Systematical	***
	(City) , Florida (City) (Zip Code)
New Registered Agent's Signature, if changing Registered I hereby accept the appointment as registered agent. I am fa	Agent: miliar with and accept the obligations of the position.
0/0	
$\frac{ABC}{S}$	ignature 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:

= 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>Doe</u> Jones Smith	
Type of Action (Check One)	Title	Name	<u>Addres</u> s
1) Change Add	<u> </u>	Reginald McCrimon	702 Lincoln St. Kissimmee, Fl. 34741
X Remove			
2) Change Add	VP_	Martarious Coats	702 Lincoln St. Kissimmee, Fl. 34741
Remove Change Add Remove			
4) Change Add			
Remove			
5) Change Add			
Remove			
6) Change Add			
Remove			
E. If amending or additional she	ing additional A eets, if necessary)	rticles, enter change(s) here: (Be specific)	
<u>n/a</u>			

nla	
	
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The date of each amendment(s) adoption: November 8, 2022 date this document was signed.	, if other than the
Effective date if applicable: November 8, 2022 (no more than 90 days after amendment file date)	
<u>Note:</u> If the date inserted in this block does not meet the applicable statutory filing requirements, this date a document's effective date on the Department of State's records.	will not be listed as the

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

(CHECK ONE)

doption of 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 11/08/22			
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)			
Yorkae Edwards (Typed or printed name of person signing)			
Transurar			

(Title of person signing)