## NIT00000001325

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nam	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



300304812763

11/01/17--0100S--012 \*\*65.00

FILED
2011 BCT 31 PH 1: 22
SECRETARION DE L'ORID

An rend Manic

NOV - 2 2017

## COVER LETTER

TO: Amendment Section **Division of Corporations** 

NAME OF CORPORATION	FAMILY ENRICHM	ENT NETWORK	INC.			
	N17000001325		-			
DOCUMENT NUMBER:						<del>,</del>
The enclosed Articles of Am	endment and fee are subm	itted for filing.				
Please return all corresponde	nce concerning this matter	to the following:				
FLORCY JOSEPH						
·	(	Name of Contact I	Person)			
CENTRAL FAMILY ENRI	CHMENT NETWORK IN	IC.				
		(Firm/ Compar	ny)			
17850 NE 6TH COURT						
		(Address)				
NORTH MIAMI BEACH, F	FL 33162					
	(	City/ State and Zip	Code)			
FLORCY.JOSEPH@GMAI	L.COM					
Е.	-mail address: (to be used	for future annual re	eport notifi	cation	1)	
For further information conce	erning this matter, please c	eall:				
FLORCY JOSEPH		а	786 it		473-3926	
1	(Name of Contact Person)			ode)	(Daytime Telephon	e Number)
Enclosed is a check for the fo	ollowing amount made pay	able to the Florida	Departme	ent of S	State:	
■ \$35 Filing Fee	□\$43.75 Filing Fee & [ Certificate of Status		is	Certifi Certifi	O Filing Fee icate of Status ied Copy tional Copy is seed)	
Mailing A	<del></del>	_	treet Add		on	

Amendment Section

**Division of Corporations** P.O. Box 6327 Tallahassee, FL 32314

Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of

FAMILY ENRICHMENT NETWORK INC.		
(Name of Corporation as curre	ntly filed with the Flo	rida Dept. of State)
N17000001325		
(Document Num	ber of Corporation (if I	known)
Pursuant to the provisions of section 617.1006. Florida Statu amendment(s) to its Articles of Incorporation:	tes, this <i>Florida Not F</i>	or Profit Corporation adopts the following
A. If amending name, enter the new name of the corpora	<u>tion:</u>	
CENTRAL FAMILY ENRICHMENT NETWORK INC.		The new
name must be distinguishable and contain the word "corpor" "Company" or "Co." may not be used in the name.	ation" or "incorporate	
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	N/A	
Trincipal office address <u>Prost DE A STREET ALERNISS</u>		
		7 20
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A	SECRE!
· · · · · · · · · · · · · · · · · · ·		\$\$
		7. 2
		95 🚡
D. If amending the registered agent and/or registered of		enter the name of the
new registered agent and/or the new registered office	address:	<del>2</del>
Name of New Registered Agent: N/A		
		Florida street address)
New Registered Office Address:		
		, Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if changing Registere hereby accept the appointment as registered agent. I am f		t the obligations of the position.
	Signature of New Revi	stered 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	Y N	ohn Doe Mike Jones Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	<u>s</u>	NYRVA CHOUTE	17850 NE 6TH COURT
Add			NORTH MIAMI BEACH
X Remove			FL 33162
2) Change	Т	ESTHER MORISSEAU	17850 NE 6TH COURT
Add			NORTH MIAMI BEACH
X Remove			FL 33162
3) Change	<u>s</u>	MIDELIN JOSEPH	17850 NE 6TH COURT
X Add			NORTH MIAMI BEACH
Remove			FL 33162
4) Change	Т	MIMOSE JOSEPH	17850 NE 6TH COURT
X Add			NORTH MIAMI BEACH
Remove			FL 33162
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

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

The date of each amendment	t(s) adoption:	, if other than the
late this document was signed	l. ·	
	OCTOBER 26, 2017	
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	
	The more than 20 days distributed by a dailey	
	his block does not meet the applicable statutory filing requirements, this date will no he Department of State's records.	t be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/w was/were sufficient for ap	were adopted by the members and the number of votes cast for the amendment(s) pproval.	
There are no members or adopted by the board of o	members entitled to vote on the amendment(s). The amendment(s) was/were directors.	
OCTO Dated	OBER 26, 2017	
Signature		
have r	c charman or yie chairman of the board, president or other officer-if directors not been selected, by an incorporator – if in the hands of a receiver, trustee, or court appointed fiduciary by that fiduciary)	
FL	ORCY JOSEPH	
_	(Typed or printed name of person signing)	
PR	ESIDENT	
	(Title of person signing)	