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N/C Exprend. 11/7/17

COVER LETTER

TO: Amendment Section **Division of Corporations**

NAME OF CORPORATION	New Leaders Action			
	N17000001521			
DOCUMENT NUMBER:			·	· · · · · · · · · · · · · · · · · · ·
The enclosed Articles of Am	nendment and fee are subm	nitted for filing.		
Please return all corresponde	ence concerning this matter	r to the following:		
Damian Perez				
	((Name of Contact Pe	erson)	
		(Firm/ Company	y)	
6261 SW 58TH CT				
		(Address)		
MIAMI, FL 33143				
	(City/ State and Zip	Code)	
d.perezlaw@gmail.com				
Ε	-mail address: (to be used	for future annual rep	ort notification	1)
For further information conc	erning this matter, please of	call:		
Damian Perez		at	786	307-4586
·	(Name of Contact Person)		(Area Code)	(Daytime Telephone Number)
Enclosed is a check for the f	ollowing amount made pay	able to the Florida I	Department of	State:
■ \$35 Filing Fee	□\$43.75 Filing Fee & 【 Certificate of Status	□\$43.75 Filing Fee Certified Copy (Additional copy i enclosed)	Certif s Certif	O Filing Fee icate of Status ied Copy tional Copy is used)
Mailing A	ddress	Sti	reet Address	

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

Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Fl. 32301

Articles of Amendment Articles of Incorporation of

17 NOV -7 PH 12: 50

SECRETARY OF STATE
ORION

New Leaders Action , INC.

N17000001521

(Document Number of Corporation (if known)

Pursuant to the provisions of section 617,1006. Florida Statutes, this Florida Not For Profit Corporation adopts the following

A. If amending name, enter the new name of the cor	poration:	
FL Progressive Future , INC.		The nev
name must be distinguishable and contain the word "co "Company" or "Co." may not be used in the name.	orporation" or "incorpoi	rated" or the abbreviation "Corp." or "Inc."
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDI	RESS)	
C. Enter new mailing address, if applicable: (Mailing address <u>MAY BE A POST OFFICE BOX</u>		
D. If amending the registered agent and/or registere new registered agent and/or the new registered o		ida, enter the name of the
Name of New Registered Agent:	ince address.	
Name of New Registered Agent.		
New Registered Office Address:		(Florida street address)
		, Florida
	(City)	, Florida (Zip Code)
New Registered Agent's Signature, if changing Registeredy accept the appointment as registered agent. I		cept the obligations of the position.
	Signature of New R	egistered Agent, if changing

Page 1 of 4

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		Doe Jones Smith	
Type of Action (Check One)	<u>Title</u>	Name	Address
1) Change	<u></u>	RONALD RICKAO	650 NE 64th 5t, APT 6503
Add Remove			MIAMI, FL 33138
2) Change Add	I	Juan Cuba	165 Ponce de Leon BLVD, Coral Gables, FC
Remove 3)Change			33134
Add Remove			
4) Change Add			
Remove			
5) Change Add			
Remove			
6) Change			
Remove			

(attach additional sheets, if necessary). (Be specific)				
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		11/7/17	
	this document was significant	· · · · · · · · · · · · · · · · · · ·	_, if other than the
		11/7/17	
Effe	ctive date <u>if applical</u>	ole: (no more than 90 days after amendment file date)	
		in this block does not meet the applicable statutory filing requirements, this date will not be on the Department of State's records.	e listed as the
Add	ption of Amendment	t(s) (<u>CHECK ONE</u>)	
	The amendment(s) w was/were sufficient f	vas/were adopted by the members and the number of votes cast for the amendment(s) for approval.	
	There are no member adopted by the board	rs or members entitled to vote on the amendment(s). The amendment(s) was/were d of directors.	
	l Dated _	1/1/17 DHD://	
	Signature	Fush-	
	(B	y the chairman or vice chairman of the board, president or other officer-if directors ave not been selected, by an incorporator – if in the hands of a receiver, trustee, or ther court appointed fiduciary by that fiduciary)	-
		Ronald Bilbao	
		(Typed or printed name of person signing)	
		Board Member	
		(Title of person signing)	