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## **COVER LETTER**

TO: Amendment Section

P.O. Box 6327

Tallahassee, FL 32314

Division of Corporations	
NAME OF CORPORATION: JUNE 150 /	Ransition Empowerment Center Inc.
DOCUMENT NUMBER:	10×1630
The enclosed Articles of Amendment and fee are subm	itted for filing.
Please return all correspondence concerning this matter	to the following:
XAREN E. SIMMONS	
(	Name of Contact Person)
Duncise TRANS, Fron En	powerment Center, Inc
,	(Firm/ Company)
28 Frean Pass Loop	
	(Address)
Drala, FL 34472	
	City/ State and Zip Code)
SUNTISE FECOS Q Yo hun. Co E-mail address: (to be used	OM for future annual report notification)
For further information concerning this matter, please of	
// ()	
XARPA JUMMANS	at 352-870-5/21
(Name of Contact Person)	(Area Code) (Daytime Telephone Number)
Enclosed is a check for the following amount made pay	rable to the Florida Department of State:
S35 Filing Fee \$43.75 Filing Fee & \$	\$43.75 Filing Fee & S52.50 Filing Fee
Certificate of Status	Certified Copy Certificate of Status
	(Additional copy is Certified Copy
	enclosed) (Additional Copy is Enclosed)
Mailing Address	Street Address
Amendment Section	Amendment Section
Division of Corporations	Division of Corporations

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## Articles of Amendment

Articles	to of Incorporation	
Suncise Transition Emple	verment Center,	Inc.
Name of Corporation as currently filed with the Florida D	ept. of State)	
N/780000 16.3	0	
(Document Number	er of Corporation (if known)	
Pursuant to the provisions of section 617.1006, Florida Statute amendment(s) to its Articles of Incorporation:	s, this <i>Florida Not For Profit</i> (	Corporation adopts the following
A. If amending name, enter the new name of the corporati	ion:	, in the second second
		The new -
name must be distinguishable and contain the word "corporate "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: (Principal office address MUST BE A STREET ADDRESS	)	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	28 Pacan M Doala, Fil	255 LOOS 34472
D. If amending the registered agent and/or registered off new registered agent and/or the new registered office	ice address in Florida, enter t address:	he name of the
Name of New Registered Agent:		
New Registered Office Address:	(Florida stro	vet address)
		Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if changing Registere Thereby accept the appointment as registered agent. I am f	d Agent: Camiliar with and accept the ob-	ligations of the position.

Signature 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:

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 Je           SV         Sally S	ones	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change Add			
Remove 2) Change Add	<u>VCH</u>	DR. Linda P. Hoyins	27404 Daniella Court Harlingen, TX 18552
Remove Change Add Remove	VCH	Rannie Clifton	28 Hunn Pass Loop OCALA IFL 34472
4) Change Add	<u>S7</u>	Ronnie Clifton	Ocala, FL 34472
Remove  5) Change Add			
Remove 6) Change Add			
E. If amending or add	ling additional As	rticles, enter change(s) here: (Be specific)	

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The date of each amendment(s) adoption:	if ot	her than the
date this document was signed.		
Effective date if applicable: 6/19/2020		
Effective date if applicable: 6/19/2020 (no more than 90 days after amendment file date)		
Note: If the date inserted in this block does not meet the applicable statutory filing requirement document's effective date on the Department of State's records.		d as the
Adoption of Amendment(s) (CHECK ONE)		
	amondmont(s)	
The amendment(s) was/were adopted by the members and the number of votes cast for the was/were sufficient for approval.	amenament(s)	

Da	ated
Si	(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)
	$\sqrt{-61}$
	TAREN L. QuMONS
	(Typed or printed name of person signing)

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