## N17000003358

(Re	equestor's Name)	
(Ad	ldress)	<u>,                                      </u>
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	ısiness Entity Nar	ne)
(Do	ocument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



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## **COVER LETTER**

TO: Amendment Section Division of Corporations 14th Initiatives Frundation Inc. The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: For further information concerning this matter, please call: (Daytime Telephone Number) (Name of Contact Person) Enclosed is a check for the following amount made payable to the Florida Department of State:

□ \$35 Filing Fee □\$43.75 Filing Fee & □\$43.75 Filing Fee & Certificate of Status Certified Copy (Additional copy is enclosed)

\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is Enclosed)

**Mailing Address** 

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

Street Address

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

## Articles of Amendment

## to Articles of Incorporation

	of
Youth Initiatives	Foundation Inc
(Name of Corporation as current)	y filed with the Florida Dept. of State)
N17000002588	
(Document Number	r of Corporation (if known)
Pursuant to the provisions of section 617.1006, Florida Statutes amendment(s) to its Articles of Incorporation:	, this Florida Not For Profit Corporation adopts the following
A. If amending name, enter the new name of the corporation	<u>п:</u>
NIA	The new
name must be distinguishable and contain the word "corporation of the mane" or "Co." may not be used in the name.	on" or "incorporated" or the abbreviation "Corp." or "Inc."
B. <u>Enter new principal office address, if applicable:</u> (Principal office address <u>MUST BE A STREET ADDRESS</u> )	NA
-	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	NIA
(Mutting uturess MAT BE AT OST OF TICE BOA)	21
	22 3 -
D. If amending the registered agent and/or registered office	
new registered agent and/or the new registered office ad	dress:
Name of New Registered Agent:	<u> </u>
	्रा ज
New Registered Office Address:	(Florida street address)
wew Registered Office Address.	
	(City), Florida (Zip Code)
New Registered Agent's Signature, if changing Registered A hereby accept the appointment as registered agent. I am fam	Agent: uiliar with and accept the obligations of the position.
. not only accept the appointment as require to agoin. I am juin	
Sig	gnature 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		Doe Jones Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change	VP	Brittany S. Presley	3827 Calliope Ave Port Orange, FL 32129
Add		·	York Orange, LL 52129
Remove			
2) Change	D	David Bradley Jr.	Le 12 North Street Daytona Beach, FL 32114
X Add			Day Toria Dealy Compression
Remove			<del></del>
3) Change	<del></del>		
Add			
Remove			
4) Change			
Add			
Remove			
5) Change	<del></del>		
Add			
Remove			
6) Change			
Add			
Remove			

If amending or adding additional A attach additional sheets, if necessary)	(Be specific)					
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The date of each amendment(s) adopt late this document was signed.	tion: 11/000 1 2011	, if other than the
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	
Note: If the date inserted in this block of locument's effective date on the Depart	does not meet the applicable statutory filing requirement of State's records.	ents, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were adopt was/were sufficient for approval.	ted by the members and the number of votes cast for the	he amendment(s)
There are no members or members adopted by the board of directors.	s entitled to vote on the amendment(s). The amendment	nt(s) was/were
Dated	ch 7,2017	
Signature	hele Di Augual	
have not been s	n or vice chairman of the board president or other off selected, by an incorporator—if in the hands of a recei ointed fiduciary by that fiduciary)	icer-if directors iver, trustee, or
	hebe D FUQUA	
	(Typed or printed name of person signing)	)
	President (Title of person signing)	