N1700000 2743

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SECRETARY OF STATE
ALL AHASSEE, FLORIDA

APR 18 2019 T SCHROEDER

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION:	RANS' FORMATION FOUNDAITON
DOCUMENT NUMBER:	
The enclosed Articles of Amendment and fee	are submitted for filing.
Please return all correspondence concerning t	his matter to the following:
LUNISE CELESTE	
	(Name of Contact Person)
YOUTH TRANSFORMATION FOUNDAT	TON
	(Firm/ Company)
PO BOX 771561	
	(Address)
CORAL SPRINGS, FL 33077	
	(City/ State and Zip Code)
youthtransformationfoundation@gmail.com	
E-mail address: (to	be used for future annual report notification)
For further information concerning this matter	r, please call:
LUNISE CELESTE	786 281-6886
(Name of Contac	
Enclosed is a check for the following amount	made payable to the Florida Department of State:
■ \$35 Filing Fee □\$43.75 Filing Certificate of	g Fee & S43.75 Filing Fee & S52.50 Filing Fee f Status Certified Copy (Additional copy is enclosed) Certified Copy (Additional Copy is Enclosed)
Mailing Address	Street 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

YOUTH TRANS' FORMATION FOUNDATION INC (Name of Corporation as currently filed with the Florida Dept. of State) N17000002743 (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 amendment(s) to its Articles of Incorporation: A. If amending name, enter the new name of the corporation: YOUTH TRANSFORMATION FOUNDATION INC. name must be distinguishable and contain the word "corporation" or "incorporated" or the abbreviation "Corp." or "Inc." "Company" or "Co." may not be used in the name. N/A B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) 5 C. Enter new mailing address, if applicable: N/A (Mailing address MAY BE A POST OFFICE BOX) D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address: N/A Name of New Registered Agent: (Florida street address) New Registered Office Address: N/A Florida (City) (Zip Code) New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with and accept the obligations 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 John SV SV Sally S	ones	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change		N/A	
Add			A E 9
Remove			AR T
2) Change			
Add			
Remove			<u> </u>
3)Change			<u> </u>
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
) Change			
Add			
Remove			

E. If amending or adding additional Articles, enter change (attach additional sheets, if necessary). (Be specific)	e(s) here:
N/A	
	- *
	A SECTION
	APR 1
	12 SSE
	AH 9:
	FLORIDA

			MARC	H 17, 2019			
The	date of each amer	idment(s) ac	loption:				, if other than the
date	this document was	signed.	-				_
		APE	RH, 1, 2019				
Effe	ctive date <u>if appli</u>		(11) 1. 2019				
			(no more i	than 90 days after am	endment file date)		
	: If the date insert iment's effective da				ory filing requirements, this date	e will not be	e listed as the
Ado	ption of Amendm	ent(s)	(<u>CHECK</u>	(ONE)			
	The amendment(s) was/were sufficient			mbers and the numbe	r of votes east for the amendme	nt(s)	
	There are no mem adopted by the bo			ote on the amendment	(s). The amendment(s) was/we	re	
	Dated	APRIL 6, 2	2019				
	Signature		She			- 1	_
					esident or other officer-if direct		
					the hands of a receiver, trustee,	or	
		other court	appointed fiducia	ry by that fiduciary)			
		LUNISE	E CELESTE			SECK IALLA	19 AF
			(1)	yped or printed name	of person signing)	HASS	FIL APR 12
		REGIST	ERED AGENT			Y OF S	ED.
				(Title of pe	rson signing)	- ORIG	£