N17000006957

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COVER LETTER

TO: Amendment Section Division of Corporations

Barristers Care Incorporated NAME OF CORPORATION: _ N17000006957 DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Christopher Benjamin (Name of Contact Person) International Law Partners, LLP (Firm/ Company) 20442 NW 7th Court (Address) Miami Gardens, FL 33169 (City/ State and Zip Code) cbenjamin@ilp.law E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Christopher Benjamin 305 600-8723 (Daytime Telephone Number) (Name of Contact Person) (Area Code) 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 & □\$52.50 Filing Fee

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Mailing Address

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

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Street Address

Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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Articles of Amendment to Articles of Incorporation of

Barristers Care Incoporated (Name of Corporation as currently filed with the Florida Dept. of State) N17000006957 (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: The Benjamin Family 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. 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) 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: Name of New Registered Agent: (Florida street address) New Registered Office Address: , 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:

 $P = President; V \cdot Vice President; T = Treasurer; S \cdot Secretary; D - Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.$

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	<u>PT</u> V SV	John Doe Mike Jon Sally Smi	i <u>cs</u>		
Type of Action (Check One)	Title]	<u>Name</u>	<u>Addres</u> s	
1) Change X Add	<u>v</u>	<u>.</u> :	Amir Benjamin	IV Box 694011 Miami Gardens, FL 33269	
Remove					
2) Change Add					
Remove 3) Remove Add Remove					
4) Change Add					
Remove 5) Change Add					
Remove 6) Change Add Remove					
E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific)					
Purpose. To provide scholarships and mento	anng to immoni	v students interes	ited in the fields of law, and healthcare - including providing (mancial assi	slance	
to Florida public schools with programs focusing on law; law enforcement and healthcare. To provide life skills education to at-nsk youth					
through mentoring and group instructions in finance, health, law, career development and family planning -					
, while also strengenthing character and morals through instruction in eliquette, culture, and traditions.					

	
The date of each amendment(s) adoption: date this document was signed.	if other than the
Effective date if applicable:	
Effective date if applicable: (no more than 90 days after amendment file date)	
<u>Note:</u> If the date inserted in this block does not meet the applicable statutory filing requirements, this date will document's effective date on the Department of State's records.	Il not be listed as the
Adoption of Amendment(s) (CHECK ONE)	

The amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s) was/were sufficient for approval.

There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors.
November 8, 2022
Dated
Signature
(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)
Christopher Benjamin
(Typed or printed name of person signing)
President
(Title of person signing)