(Re	equestor's Name)	
(Ac	ddress)	
(Ac	ddress)	
(Ci	ty/State/Zip/Phone	· #)
PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Nam	ne)
(Do	ocument Number)	
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COVER LETTER

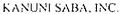
TO: Amendment Section Division of Corporations

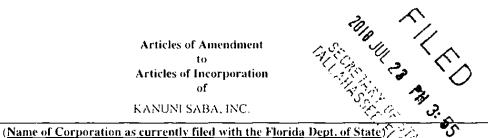
NAME OF CORPORATION:	
N17000007700	
DOCUMENT NUMBER:	
The enclosed Articles of Amendment and fee are s	ubmitted for filing.
Please return all correspondence concerning this ma	atter to the following:
Shaquanda Looper	
	(Name of Contact Person)
Kanuni Saba, Inc	
	(Firm/ Company)
6900 Landings Dr Unit 205-D	
	(Address)
Lauderhill, FL 33319	
	(City/ State and Zip Code)
kanunisaba@gmail.com	
E-mail address: (to be u	sed for future annual report notification)
For further information concerning this matter, plea	ase call:
Shaquanda Looper	954 8425602
(Name of Contact Pers	
Enclosed is a check for the following amount made	: payable to the Florida Department of State:
\$35 Filing Fee S43.75 Filing Fee Certificate of State	& 🗆 \$43.75 Filing Fee & S52.50 Filing Fee us Certified Copy (Additional copy is enclosed) (Additional Copy is Enclosed)
Mailing Address	Street Address

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





	(1 THE 131 TO 131	Corporation a.	corremay the	 Deption State
N17000007700				

(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: Elder Youth 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. 6900 Landings Dr Unit 205-D B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Lauderhill, FL 33319 C. Enter new mailing address, if applicable: 6900 Landings Dr Unit 205-D (Mailing address MAY BE A POST OFFICE BOX) Lauderhill, FL 33319 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: Shaquanda Looper Name of New Registered Agent: 4001 Sw 56th Terr Davie, FL (Florida street address) New Registered Office Address: 4001 Sw 56th Terr Davie, (City) 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.

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	<u>V</u> <u>M</u>	hn Doe ike Jones Ily Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	P	Richard Malasa	5590 Jarrand Way
Add X Remove			Lake Worth, FL 33463
2) Change	р ———	Shaquanda Looper	4001 Sw 56th Terrace
XAdd			Davie, FL 33314
Remove 3) Change	S	Gerald Royster	4000 N State Rd 7
Add X Remove			Lauderdale Lakes, FL 33319
4) Change	S	Shannon Dennis	10700 SW City Center Blvd
X Add			# 5275 Pembroke Pines, FL 33026
5) Change	<u>T</u>	Patrick Abalo	4211 NW 19th St
Add			Lauderhill, F1, 33313
Remove 6) Change	т	Ałonzo Lawrence	4001 SW 56th Terr
X Add			Davie, FL 33314
Remove			

nere have been changes not approved	by the board o	r incorporator.	No changes to	be made withou	ut board appro	val after thi
	-					••
			<u> </u>			
						
						
	-					
					 	

6/28/2018	
The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
N/A	
Effective date if applicable:	
(no more than 90 days after amendment fi	le date)
Note: If the date inserted in this block does not meet the applicable statutory filing redocument's effective date on the Department of State's records.	equirements, this date will 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 c was/were sufficient for approval.	ast for the amendment(s)
There are no members or members entitled to vote on the amendment(s). The ar adopted by the board of directors.	nendment(s) was/were
7/23/2018 Dated	
Signature Lynchocy President	
(By the chairman or vice chairman of the board, president or c have not been selected, by an incorporator – if in the hands o other court appointed fiduciary by that fiduciary)	
Shaquanda Looper	
(Typed or printed name of person	signing)
President	
(Title of person signing	<u> </u>