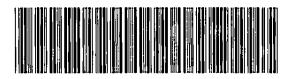


| (Requestor's Name)  (Address)  | 700                       |
|--|---------------------------|
| (Address)  (City/State/Zip/Phone #)  | 7000                      |
| PICK-UP WAIT MAIL  |                           |
| (Business Entity Name)  (Document Number)  | 03/26                     |
| Certified Copies Certificates of Status  Special Instructions to Filing Officer: | S TALLENT<br>OCT 0 1 2018 |
| Office Use Only  | Amend                     |



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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

| Buildin                                   | g Pathways Foundation, In   | ic.                               |  |
|---|---|-----------------------------------|--|
| N17000012                                 | 2549  |                                   |  |
|   | · · · · ·   |                                   |  |
| The enclosed Articles of Amendment and    | d fee are submitted for filing.   |                                   |  |
| Please return all correspondence concern  | ing this matter to the following  | ıg:                               |  |
| Patricia A. Myers                         |   |                                   |  |
|   | (Name of Conta  | act Person)                       |  |
| Building Pathways Foundation, Inc.        |   |                                   |  |
|   | (Firm/ Con  | npany)                            |  |
| 6970 Mapperton Drive                      |   |                                   |  |
|   | (Addre  | ss)                               |  |
| Windermere, FL 34786                      |   |                                   |  |
|   | (City/ State and  | Zip Code)                         |  |
| pmyersbuildingpathways@gmail.com          | ı   |                                   | ,  |
| E-mail addres                             | s: (to be used for future annu  | al report notificatio             | n)   |
| For further information concerning this n | natter, please call:  |                                   |  |
| Patricia Myers                            |   | 407<br>at                         | 748-8516   |
| (Name of Co                               | ontact Person)  |                                   | (Daytime Telephone Number)                                     |
| Enclosed is a check for the following am  | ount made payable to the Flo  | rida Department of                | State:   |
|   | Filing Fee & S43.75 Filing the of Status Certified Cop (Additional cenclosed) | opy Certi<br>opy is Certi<br>(Add | i0 Filing Fee ficate of Status fied Copy itional Copy is osed) |

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

| ie followin              |  |  |  |
|--------------------------|--|--|--|
|                          |  |  |  |
| The nev                  |  |  |  |
| or "Inc."                |  |  |  |
|                          |  |  |  |
| SEP 25                   |  |  |  |
|                          |  |  |  |
| TR 2                     |  |  |  |
|                          |  |  |  |
|                          |  |  |  |
|                          |  |  |  |
| (Florida street address) |  |  |  |
| 5                        |  |  |  |
| <del></del> _            |  |  |  |
|                          |  |  |  |
| ı.                       |  |  |  |
|                          |  |  |  |

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 Doe  V Mike Jones  SV Sally Smith |          |
|----------------------------------|---|----------|
| Type of Action<br>(Check One)    | <u>Title</u> <u>Name</u>                  | Address  |
| 1) Change Add Remove             | NX  |          |
| 2) Change Add Remove             | <u> </u>                                  |          |
| 3 ) Change Add Remove            |   |          |
| 4) Change<br>Add<br>Remove       |   |          |
| 5) Change Add Remove             |   |          |
| 6) Change<br>Add                 |   |          |
| Remove                           |   | D - 2.54 |

| (attach additional sheets, if necessary). (Be specific)   |
|---|
| 17. Upon the dissolution of the corporation, assets shall be distributed for one or more exempt purposes              |
| within the meaning of section 501(c)(3) of the Internal Revenue Code, or the corresponding section                    |
| of any future federal tax code, or shall be distributed to the federal government, or to a state or local government, |
| for a public purpose. Any such assets not so disposed of shall be disposed of by a Court of Competent                 |
| Jurisdiction of the county in which the principal office of the corporation is then located, exclusively for such     |
| purposes or to such organization or organizations, as said Court shall determine, which are organized                 |
| and operated exclusively for such purposes.   |
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E. If amending or adding additional Articles, enter change(s) here:

| 9/21/18  | trade de cale        |
|--|----------------------|
| The date of each amendment(s) adoption: date this document was signed.   | _, if other than the |
| 1/2/18   |                      |
| Effective date if applicable:  |                      |
| (no more than 90 days after amendment file date)   |                      |
| Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be document's effective date on the Department of State's records. | oe 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.   |                      |
| 9/21/18<br>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)   |                      |
| Patricia Ann Myers   |                      |
| (Typed or printed name of person signing)  |                      |
| President  |                      |
| (Title of person signing)  |                      |