N170000 12549

(Re	equestor's Name)	
(Ad	ldress)	
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(Cit	ty/State/Zip/Phone	: #)
PICK-UP	☐ WAIT	MAIL
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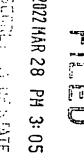


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4/12/2022

COVER LETTER

TO: Amendment Section Division of Corporations	4
NAME OF CORPORATION:BU	ulding Pathways Foundation N17000012549
DOCUMENT NUMBER:	N17000012549
The enclosed Articles of Amendment and fee are so	ubmitted for filing.
Please return all correspondence concerning this ma	
Patrici	(Name of Contact Person)
Building	Pathways Foundation (Firm/Company)
•	
6970 M	apperton Drive
	,
Winde	MMUL, FL 34786 (City/ State and Zip Code)
	(City/ State and Zip Code)
E-mail address: (to be us	sed for future annual report notification)
For further information concerning this matter, plea	
Patty Myc	on) at $\frac{401}{\text{(Area Code)}}$ (Daytime Telephone Number)
Enclosed is a check for the following amount made	
☑ \$35 Filing Fee ☐\$43.75 Filing Fee & Certificate of Statu:	& □\$43.75 Filing Fee & □\$52.50 Filing Fee S Certified Copy Certificate of Status
Certificate of Status	(Additional copy is Certified Copy
	enclosed) (Additional Copy is Enclosed)
Mailing Address	Street Address
Amendment Section	Amendment Section
Division of Corporations P.O. Box 6327	Division of Corporations The Centre of Tallahassee
	- · · · · · · · · · · · · · · · ·

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment Water State of the Articles of Incorporation oundation (Name of Corporation as currently filed with the Florida Dept of State) 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: 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 = 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 J SV Sally S	<u>ones</u>	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
I) Change Add	***	Chelsea Myers	-Windermere, FL 3478
Pemove 2) Change Add	VP	Christy Rivera	2149 Rickover Place Winter Garden, FL
Remove 3) Change Add Remove	_		34787
4) Change Add			
Remove			
5) Change Add			
Remove			
6) Change Add			
Remove			
E. If amending or addit (attach additional shee	ng additional Artests, if necessary).	ticles, enter change(s) here: (Be specific)	
		\sim	
- 			

The date of each amendment(s) adoption: _date this document was signed.	$\frac{3 21 27}{3 21 28}$, if other tha	n the
Effective date if applicable: (no	more than 90 days after amendment file date)	
Note: If the date inserted in this block does n document's effective date on the Department	ot meet the applicable statutory filing requirements, this date will not be listed as the of State's records.	c
Adoption of Amendment(s)	CHECK ONE)	
The amendment(s) was/were adopted by was/were sufficient for approval.	the members and the number of votes cast for the amendment(s)	

There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors.
$\frac{321}{3}$
Signature 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)