## N 18000000 665

(Re	questor's Name)	
(Ado	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
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(Do	cument Number)	
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Amend 715/18



## **COVER LETTER**

TO: Amendment Section Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

Next Leaders, I	nc.			
DOCUMENT NUMBER:				
The enclosed Articles of Amendment and fee are	submitted for filing.			
Please return all correspondence concerning this n	natter to the following	;		
Diana C. Mendez				
	(Name of Contac	t Person)		
Liorente and Heckler, P.A.				
	(Firm/ Comp	an <u>v)</u>	<del></del>	
801 Arthur Godfrey Rd. Suite 401				
	(Address	)		
Miami Beach, FL 33140				
	(City/ State and Z	ip Code)		
dmendez@miamisnextleaders.com				
E-mail address: (to be t	ised for future annual	report notificatio	n)	
For further information concerning this matter, ple	ase call:			
Diana C. Mendez		786	683-6105	
(Name of Contact Per	son)	(Area Code)	(Daytime Telephone Number)	
Enclosed is a check for the following amount made	e payable to the Floric	da Department of	State:	
■ \$35 Filing Fee	& \$\Bigsize\$\$43.75 Filing F us Certified Copy (Additional copenclosed)	Certit by is Certit	0 Filing Fee leate of Status ied Copy tional Copy is osed)	
Mailing Address  Amendment Section		Street Address Amendment Section		
Division of Corporations		Division of Corp		

Division of Corporations Clifton Building 2661 Executive Center Circle

Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of

Next Leaders, Inc.					
(Name of Corporation as	s currently file	d with the Florida	Dept. of State)		,
N/A					
(Docume	nt Number of C	orporation (if know	m)		
Pursuant to the provisions of section 617,1006. Florid imendment(s) to its Articles of Incorporation:	da Statutes, this	Florida Not For P	<i>rofit Corporation</i> adop	ots the foll	owing
A. If amending name, enter the new name of the co	orporation:				
N/A				$TJ_1$	e nev
name must be distinguishable and contain the word " "Company" or "Co." may not be used in the name.	'corporation'' o	" "incorporated" o	or the abbreviation "Co		
B. Enter new principal office address, if applicable (Principal office address MUST BE A STREET AD)					
C. Enter new mailing address, if applicable: (Mailing address <u>MAY BE A POST OFFICE BO</u>	<u></u> <u></u> ) <u>N/A</u>			SEL MINS	18 JUL -2
<ol> <li>If amending the registered agent and/or registenew registered agent and/or the new registered</li> </ol>			er the name of the	1 1 0 1/1/10 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	PM 2: 35
	I/A			-,	
<u>New Registered Office Address:</u>		(Florid	a street address)		
N	I/A		Elosido		
_	(City		, Florida (Zip Coo	le)	
New Registered Agent's Signature, if changing Registered agent.  I hereby accept the appointment as registered agent.	l am familiar v	with and accept the		ition.	
_	Signatur	e of New Registere	d 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.

<u>PT</u> <u>V</u> <u>SV</u>	John Doe Mike Jones Sally Smith	
<u>Title</u>	<u>Name</u>	Address
DR	SHADLE, LEAH T	25 SE 2ND AVENUE
		SUITE 1020
		MIAMI, FL 33131
DR	POWER, BENJI	25 SE 2ND AVENUE
		SUITE 1020
		MIAMI, FL 33131
P	MENDEZ, DIANA	25 SE 2ND AVENUE
		SUITE 1020
		MIAMI, FL 33131
V	BURGOS, MILEYKA	25 SE 2ND AVENUE
		SUITE 1020
		MIAMI, FL 33131
Т	DE LEON, DANIEL ANDRES	25 SE 2ND AVENUE
		SUITE 1020
		MIAMI, FL 33131
S	EMMONS, SARAH	25 SE 2ND AVENUE
		SUITE 1020
		MIAMI, FL 33131
	V SV Title  DR  P	V Mike Jones   SV Sally Smith   Title Name   DR SHADLE, LEAH T    P  MENDEZ, DIANA   W  BURGOS, MILEYKA  T  DE LEON, DANIEL ANDRES

E. If amending or adding additional Art (attach additional sheets, if necessary).	icles, enter change(s) here: (Be specific)			
N/A		_		
			<del>,</del>	
			_	
	<del></del>		<del></del>	
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	e date of each amendment(s) adoption:e this document was signed.	_, if other than the
Effe	ective date if applicable:	
	(no more than 90 days after amendment file date)	
	te: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not burnent's effective date on the Department of State's records.	pe listed as the
Ado	option of Amendment(s) ( <u>CHECK ONE</u> )	
	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.	
	Dated 6/22/2018	
	Signature Product	_
	(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)	
	Diana C Néndez (Typed or printed name of person signing)	
	President (Title of person signing)	
	nere e e e	