N18000003990

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SECRETATION OF STATE

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COVER LETTER

TO: Amendment Section Division of Corporations

FLORIDA PARENTS OF MURDI	ERED CHILDREN, INC.
DOCUMENT NUMBER:	
The enclosed Articles of Amendment and fee are submitted for filin	ıg.
Please return all correspondence concerning this matter to the follow	wing:
Tangela Sears	
(Name of Cor	ntact Person)
FLORIDA PARENTS OF MURDERED CHILDREN, INC.	
(Firm/ Co	ompany)
1270 NW 75th STREET	
(Add:	ress)
MIAMI, FL 33147	
(City' State ar	nd Zip Code)
ron@rlbookpa.com	
E-mail address: (to be used for future am	nual report notification)
For further information concerning this matter, please call:	
Bonette Moschella	305 935-1866 -
(Name of Contact Person)	atat(Area Code) (Daytime Telephone Number)
Enclosed is a check for the following amount made payable to the F	Plorida Department of State:
☐ \$35 Filing Fee ■\$43.75 Filing Fee & ☐\$43.75 Filing Fee Certificate of Status Certified Certificate of Status (Additional	opy Certificate of Status

enclosed)

Mailing Address

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

Street Address

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

(Additional Copy is Enclosed)

Articles of Amendment to Articles of Incorporation of

FLORIDA PARENTS OF MURDERED CHILDREN, INC. (Name of Corporation as currently filed with the Florida Dept. of State) N18000003990 (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: 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 _ (Zip Code) (Circ) New Registered Agent's Signature, if changing Registered Agent:

Thereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position. New Registered Agent's Signature, if changing Registered Agent:

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	<u>PT</u> <u>V</u> <u>SV</u>	John Do Mike Jo Sally Si	ones	
Type of Action (Check One)	<u>Title</u>		<u>Name</u>	<u>Addres</u> s
Change	V	_	Janeen Samantha Jones	346 NE 37th Place Homestead, FL 33033
Remove				
2) X Change Add	D	_	Melonic Burke	660 NW 182nd Terrace Miami Gardens, Ft. 33169
Remove 3) Remove Add Remove		_		
4) Change Add		_		
Remove				
5) Change Add		_		
Remove				SECRET TAILE
6) Change Add		_		
Remove				
E. If amending or addi (attach additional she			icles, enter change(s) here: (Be specific)	AHH: 01
This amendment is to ad	ld Janeen	Samantha	Lones as Vice President and change the title	for Melonie Burke from Vice
President to Director.				
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	17.55 17.55
	EEC.
date of each amendment(s) adoption: $\frac{4/20/2023}{\text{this document was signed.}}$	SECRETARY OF STATE TALLAHAMSEE, FL
ctive date <u>if applicable</u> : 4/202/203	

<u>Note:</u> If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Adoption of Amendment(s)

(CHECK ONE)

The amendment(s) was/were adopted by the members and the number of votes east 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.
4/20/23 Dated
Signature Junela Leurs
(By the chairman or vice mairman 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)
Tangela Sears
(Typed or printed name of person signing)
President
(Title of person signing)

SECRETARY OF STATE