

N 18 00000 4424

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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

COVER LETTER

Amendment Section
Division of Corporations

NAME OF CORPORATION: CHALLENGE 2 CHANGE FOUNDATION
INC

DOCUMENT NUMBER: N18000004424

Enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Oronde Taliaferro

(Name of Contact Person)

CHALLENGE 2 CHANGE FOUNDATION INC

(Firm/ Company)

19701 SW 127th ave

(Address)

Miami, FL 33177

(City/ State and Zip Code)

Oronde@ccc.epic.youth.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Oronde Taliaferro

(Name of Contact Person)

at

248-930-3863

(Area Code) (Daytime Telephone Number)

Enclosed is a check for the following amount made payable to the Florida Department of State:

- | | | | |
|--|--|---|--|
| <input type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee & Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed) | <input type="checkbox"/> \$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is 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

Articles of Amendment
to
Articles of Incorporation
of

CHALLENGE 2 CHANGE FOUNDATION INC

(Name of Corporation as currently filed with the Florida Dept. of State)

13000004424

(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

If amending name, enter the new name of the corporation:

The new 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

Enter new principal office address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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TALLAHASSEE, FL

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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)

By 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.

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 title. Example: 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:

| | | |
|--------|----|-------------|
| Change | PT | John Doe |
| Remove | V | Mike Jones |
| Add | SV | Sally Smith |

| <u>Type of Action</u> (check One) | <u>Title</u> | <u>Name</u> | <u>Address</u> |
|--|--------------|--------------------------|---|
| <input type="checkbox"/> Change | _____ | _____ | _____ |
| <input type="checkbox"/> Add | _____ | _____ | _____ |
| <input type="checkbox"/> Remove | _____ | _____ | _____ |
| <input type="checkbox"/> Change | _____ | _____ | _____ |
| <input type="checkbox"/> Add | _____ | _____ | _____ |
| <input checked="" type="checkbox"/> Remove | <u>DTRS</u> | <u>Lourdez Rodriguez</u> | <u>18003 NW 87th Pl</u> <u>Hialeah, FL 33018</u> |
| <input type="checkbox"/> Change | _____ | _____ | _____ |
| <input type="checkbox"/> Add | _____ | _____ | _____ |
| <input type="checkbox"/> Remove | _____ | _____ | _____ |
| <input type="checkbox"/> Change | _____ | _____ | _____ |
| <input type="checkbox"/> Add | _____ | _____ | _____ |
| <input type="checkbox"/> Remove | _____ | _____ | _____ |
| <input type="checkbox"/> Change | _____ | _____ | _____ |
| <input type="checkbox"/> Add | _____ | _____ | _____ |
| <input type="checkbox"/> Remove | _____ | _____ | _____ |

Amending or adding additional Articles, enter change(s) here:

(Attach additional sheets, if necessary). (Be specific)

The date of each amendment(s) adoption: 1-10-24, if other than the date this document was signed.

Date: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the instrument's effective date on the Department of State's records.

option of Amendment(s) (CHECK ONE)

~~X~~ The amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s)

X 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 1-10-24

Signature Oronde Taliaferro

(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)

ORONDE TALIAFERRO
(Typed or printed name of person signing)

PTD Registered Agent
(Title of person signing)