N18000008168

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION:	FUND FOR CAU	SEI	NC	
	N18000008168			
DOCUMENT NUMBER:				
The enclosed Articles of Amendment and fe	e are submitted for filing.			
Please return all correspondence concerning	this matter to the following	ā:		
ISMONA PI	ЕТІТ-НОММЕ			
	(Name of Contac	rt Pei	son)	
FUND FOI	R CAUSE INC			
	(Firm/ Comp	nany)	· -
15615 NE	4ТН СТ			
	(Address	s)		
NORTH M	HAMI FL 33162			
	(City/ State and 2	Zip C	lode)	
HAITIPE	ROMOADS@YAHOO.CO	М		
E-mail address: (i	o be used for future annual	rep	ort notification	1)
For further information concerning this matt	er, please call;			
ISMONA PETIT-HOMM	E	-21	305	303 9809
(Name of Conta	et Person)			(Daytime Telephone Number)
Enclosed is a check for the following amoun	t made payable to the Flori	ida E	epartment of	State:
■ \$35 Filing Fee □\$43.75 Filing Certificate o		•	Certifi Certifi	Filing Fee cate of Status ed Copy ional Copy is sed)
Mailing Address Amendment Section			e <mark>et Address</mark> endment Secti	on

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

FUND FOR CAUSE INC

(Name of Corporation as currently filed with the Flor	ida Dept. o	f State)		
	N18000008	8168		
(Document N	lumber of C	Corporation (i	f known)	
Pursuant to the provisions of section 617.1006, Florida Stamendment(s) to its Articles of Incorporation:	tatutes, this	Florida Not	For Profit Corporation ac	dopts the following
A. If amending name, enter the new name of the corp	oration:			
				The new
name must be distinguishable and contain the word "cor; "Company" or "Co." may not be used in the name.	poration" o	r "incorpora	ted" or the abbreviation	'Corp." or "Inc."
B. Enter new principal office address, if applicable:				~
(Principal office address <u>MUST BE A STREET ADDR</u>)	<u>ESS</u>)			021
C. Enter new mailing address, if applicable:				~ ~
(Mailing address <u>MAY BE A POST OFFICE BOX</u>)	- 		<u> </u>	PH 2:
				?: 2
D. If amending the registered agent and/or registered			da, enter the name of the	
new registered agent and/or the new registered off	fice address	<u>s:</u>		
Name of New Registered Agent:		_		
			(Florida street address)	
<u>New Registered Office Address:</u>				
			, Florida	
	(Cii	77	(Zip C	(ode)
New Registered Agent's Signature, if changing Regist	ered Agent) :		
I hereby accept the appointment as registered agent. I a	ım familiar	with and acc	pt the obligations of the p	osition,
		<u> </u>		
	Signatur	e of New Reg	distered 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 I V Mike . SV Sally 5	<u>fones</u>	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change Add	VP	EXALES MILHOMME	15615 NE 4TH CT NORTH MIAMI FL 33162
_x Remove			
2) Change Add	_VS	JUNIE MILHOMME	15615 NE 4TH CT NORTH MIAMI FL 33162
x Remove 3) Change Add Remove			
4) Change Add			
Remove			
5) Change Add			
Remove			
6) Change Add			
Remove			
E. If amending or addin (attach additional shee		ticles, enter change(s) here: (Be specific)	
	**		

•		
	· · · · · · · · · · · · · · · · · · ·	-
		
		
		
The date of and an ender or (a) a long-		
The date of each amendment(s) adoption:	, if o	ther than the
date this document was signed.		
Effective date if applicable:		
ino m	tore than 90 days after amendment file date)	
[AO M	we man 20 days after amendment fire daily	
<u>Note:</u> If the date inserted in this block does not document's effective date on the Department of	meet the applicable statutory filing requirements, this date will not be liste State's records.	ed as the
Adoption of Amendment(s) (CH	IECK ONE)	
☐ The amendment(s) was/were adopted by th was/were sufficient for approval.	ne members and the number of votes east for the amendment(s)	

	10/23/2021
Dated	
Signatur	
	(By the chairman or vice chairman of the board, president or other officer-if director
	have not been selected, by an incorporator – if in the hands of a receiver, trustee, or
	other court appointed fiduciary by that fiduciary)
	ISMONA PETIT-HOMME
	ISMONA PETIT-HOMME (Typed or printed name of person signing)

■ There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were